TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pager retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dires should be detached for use as the burial-transit permit. Then please remove carbon papers: Pagas 1 and 2 should be filed with a 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather troumatic event, the medical ex

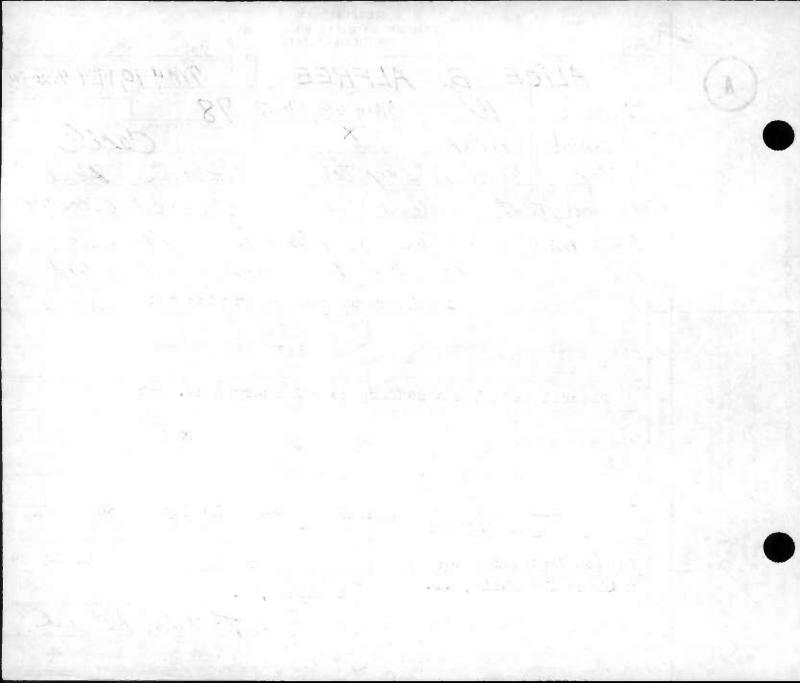
			ST	ATE OF MAR	YLA
OR STATE REGISTRAR		DEP		F HEALTH AN	
ASED NAME	FIRST	MIDDLE	41	LAST	

3	REG. N	10.	3	6	15	3
ATE	OFDEATH	MONITH	DAY	VEAR	01. 1	OLID

1	1-	FOR STATE REGISTRAR	DEPART		H AND MENTAL HY	GIENE 8 4 REG. N	13	5 5 3	
	{TYPE	CEASED NAME ALICA		ALFA	PEE	20. DATE OF DEATH	MONTH DAY Y	26 HOUR 84 4:20 PA	1
,	3 SEX	Female	CITIZEN OF WHAT COUNTRY	5. DATE OF BIR	13,1905	6. AGE (IN YEARS LAST BIR	YRS MONTHS	DAYS HOURS MIN.	-
	1	Maryland	HISA.	MARRIED WIDOWED	NEVER MARRIED		Cec	L MD	
	Jarci E	Eleton /	NAME, OF HOSPITAL, NURSI	XDOJESS) Pill	HER INSTITUTION	12a USUAL OCCUPAT	NORWING LIFE) INDE	IND OF BUSINESS OR	
5	2	Maryland Hou	I LOGO	WN 13d I		13e. STREET WORES	save.	BX127	
0	7	William "	Boyle	L	OTHER'S MAIDEN NA	MIDDLE .	Taylo	LAST	
2		VAS DECEASED EVER IN U.S. ARMED res, notoronknown) (IF yes, give wai		URITY NO. 17 IN	Ud/reg)	Price -	Jalona	md.	
<i>s</i>	NO	PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEOU	noma of		ast with m	nets 1	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH YOUR YORK ART 11a	
4	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	h operation wa	S PERFORMED	200 AUTOPSY? YES □ NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?	
19		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH [P.M.	DAY YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PA	ART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	LOCATION STREET	CITY OR TO	VN COUN	TY STATE	
		220. I certify that (I) (All and I) saw the deceased alive on above, (I) (mg) (did) (did all vi) vii 22b. SIGNATURE Wallow July 22d. PHYSICIAN'S NAME (TYPE OR PRIM	low the body offer death	, and the	in (my) () opinian EE ATTENDING	to 10 Ma deoth occurred on the d MEDICAL STA MIDIRECTOR PHYSIC	ate and haur and fra		1
	12. 5	Waklace Oben	shain, M.D.		Cecilton,	Md.			=
	(S	IURIAL TREMATION, REMOVAL 2	May 14, 1984 23c.	Cowald Commen	ERY OR CREMATIORY CEM., 259. DA	TE REC'D. BY REGISTRAR	250. REGISTRAR'S SI	GNATURE -Handele	-

DHMH - 16 50M 1/76 (VR A 15 (4))

BP



FOR

- STATE

REGISTRAR

BETWEEN ONSET AND DEATH CANCER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED 0 DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

12h KIND OF BUSINESS O

Medfood E. Fosten SR 11-18-11 66

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 chauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

MPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other troumatic event, the medica

	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND M
- STATE	CENTIFICATE OF DE

ND ENTAL HYGIENE

REG. NO	, §	3	6	5	A.
OF DEATH	MONTH	DAY	YEAR	21 HOLD	

	REGISTRAR	SESTINAME MANE JONES BENSON 12. DATE OF DEATH MONTH DAY YEAR ARRED 10. DATE OF DEATH DAY OF DEATH D										
	CEASED NAME	FIRST	A	WIOOFE	l	AST			TH DAY	YEAR	2b HOL	JR .
(1116	MA	ME	JONES	BENS	SON		MAY	12, 1	1984		2	PM
3 SE	(4. RACE				6 AGE (IN YEARS	LAST BIRTHOAY				
X	EMALE		CAU	iC.	NOV	8, 1878	1		YRS.			11,11
		OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED			OUNTY OF DE	ATH		
_			USA			99	C	ECIL				MD.
	TY OR TOWN OF DEA ELKTON	TH										ESS OR
USU, 13c. S	AL RESIDENCE (IF NURSI	13b COU	R OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)					7	191	10
	RYLAND	CEC	1L	CECILIO	N			AIN SI		11	11	2
/ /	THER'S NAME HOMAS		P.	JÖNES	3			IDD1E	JO	NES ^s	(ma	lden
				16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	7 - 8			-
(NO	IF TES, GI	AE MAK OK OUTES!	215-48-43	313	NORMAN McCOY	W.MAIN	ST. CE	CILTON	, M	219	913
CERTIFICATION	Conditions, if ony, gove rise to immouse (o), stotin underlying couse PART 2. OTHER SIGN SEVEL	which nediote g the lost.	DUE TO, OF CONDITIONS CO	R AS A CONSEQUE DITRIBUTING TO D Lzed art	ENCE OF	NOT RELATED TO THE TERM		Y? 20b.	. IF YES, WERE	PART 1(c	NGS USE	
RTIF											NO [0
MEDICAL CE	OR CONTRIBUTING C	AUSE OF DE	ATH HOUR A.	m. month da m.			RED (ENTER NATURE	OF INJURY IN IT	TEM 18 PART 1 OR	PART 2)		
WED	WHILE NOT WH	ILE 🗀	(AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC.)		CI	TY OR TOWN	COL	YIMU	\$	STATE
	sow the decease obove, (I) (wa) (d 22b. SIGNATURE 22d. PHYSICIAN'S NA	d olive or lid) (d	o 12 May view the body OR PRINT)	ofter death. 19 E	34, or	nd that in (my) () opinion of opinion of opinion of opinion o	MEDICAL DIRECTOR	STAFF PHYSICIAN	nd hour and fr	c DATE	SIGNED	oted Y4
23a. E	URIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	236. DATE 5/15/			EMETERY OR CREMATORY N ZTON	23d. LOCATIO		CECTOPUNI	MAE	PYLAT	(ID)

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

etained by the hospital or attending physician

24 FUNERAL DIRECTOR
FELLOWS FUNERAL HOME

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE MAY 2 4 1984 Julia Davidson-Randale 226 E. AMIN ST. CECILION

William to a second second second the second of th . In the Market of Continuous states S/W/SW Julian To a common of the common of t DELINION OF THE PARTY OF THE PA

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages Jand 2 May with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or ather troumatic event, the medi

MPORTANT: If them 21 is marked or them

may be

FOR

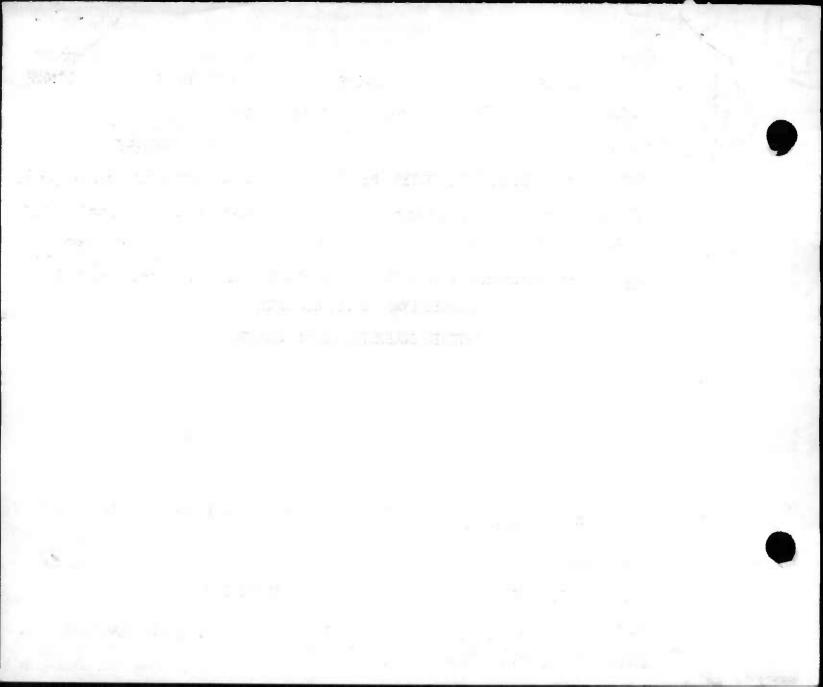
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	-	3	0	13	(

1 -	REGISTRAR				CERTIF	CATE OF DEATH	1	Ö	REG. NO	,	0	2	Q
	CEASED NAME	FIRST	A	NDDLE	17	AST		20 DATE OF E		MONTH DAT	Y YEAR	2b. HO	UR
TYPE	OR PRINT)	JAMES	(nm	n)	BE	VINS		MAY	19	. 1984		10:	40Pm
3. SE		JATILA	4. RACE		5. DATE O	F BIRTH		6. AGE TINYEA		HDAY) IF	UNDER I YEAR	IF UNDE	R 24 HRS
2	Male		Whi	ite	May	29, 1913	3	70		YRS.	DAYS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIET	₩ NEVER MARRIE	D O	9. BALTIMOR		_			
-	entucky		USA		WIDOWE		D 🗆			Count	.у		MD.
10 C	ITY OR TOWN OF DE A	TH		OSPITAL, NURSIN		R OTHER INSTITUTIO	N	12a USUAL OF		ON WORKING LIFE)	12b. KIND O		et.
_	Perry Poi		VA MEDI	CAL CENT	ER, P	ERRY POINT	MD	Secur	ity	Offi	cer,U	S-g	ovt.
	AL RESIDENCE (IF NURS STATE	136 COUL		13c. CITY OR TOW		13d INSIDE CITY LIM	NITS?	13e STREET AL	ODRESS /	ZIP CODE			
-	rvland	Ced	cil	Conowin	ngo	YES NO [Dr.	Jack	Road	1 2	21918
14. FA	ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAID	ENNAM	ΛE	MIDDLE		LAS	T	
	Alonzo) -		Bevins		Minnie					Jacks		
	VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		C	onov	wingo.	,Md.	219	18
	Voc		.Korea	401 16 9	242	Danny R	. Pa	arks,	1608	3 Dr.	Jack	Rd.	
	18 CAUSE OF DEAT										BETWEEN	MATE INTE	RVAL D DEATH
	PART I. DEATH W		TE CAUSE (a)	CHRONIC L	YMPHO	CYTIC LEU	KEMI/	4					
	2041	1	DUE TO, OF	AS A CONSEQUE	NCE OF								
	Conditions, if any,		((b) F	<u>ARTERIO S</u>	CLERO	TIC HEART	DISE	EASE					
	gave rise to imm cause (a), statin		DUE TO, OF	AS A CONSEQUE	NCE OF								
	underlying cause	last	(c)										
_	PART 2 OTHER SIGN	VIFICANT	CONDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMI	nal disease	OR COND	ITION GIVEN	IN PART 1	a s	
CERTIFICATION													
CAT	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED		200 AUTOP	SY?		WERE FINDING CAUSES		
HIE								YES 🗌	NO	YES		NO [
Ü	210. ACCIDENT WAS UND		21b. TIME OF		Y YEAR	21c. HOW INJURY (OCCURRE	ED (ENTERNATU	JRE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)		
ZAL CAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC		All		19								
MEDICAL	21d. INJURY OCCURE	RED	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	A DAA ETC \	21f. LOCATION			CITY OR TOW	WN	COUNTY		STATE
2	AT WORK NOT WH	RK	TALLOWE SIN	LET, FACTORY, OFFICE, F	ARM ETC)								
	22a.1 certify that (*X	(this hasp	ital) attended the	deceased fram_	MAY	, 19	34	to MAY	19	, 19	84	that X	(we) last
	saw the decease	ed alive ar	MAY	19 19 0	, an	d that in (my) (aur) o	apınıan d	leath accurred	an the da	te and haur o	and from the	causes si	tated
	226. SIGNATURE		100 11	/	1	DEGREE	-01				22c DATE	SIGNED	5//
	/Mgu	ee 0	1 6	regen	- 1/1	PHYSIC		MEDICAL DIRECTOR	STAF		5/1,	9/8	7
	22d PHYSICIAN'S NA	AME ITYPE	OR PRINT)			22e ADDRESS							
	EUGENE	A.	JAEGER			VAMC, PE	RRY I	POINT,	MD				
	BURIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMA	TORY	23d. LOCAT			10.41		
	Burial		May 23	1984 Be	lAir	Memoria	1 G	ardens	R TOWN		Harfo:	-	Md.
24 F	UNERAL DIRECTOR	rd K		as LLL,		T.	50. DATE		GISTRAR		AR'S SIGNAT		-
M	ICCOMAS FUN	ERAL	HOME, A	BINGDON,	MD.21	2009	MAY	22.19	84	flika Dai	ideon-A	ande	eka .

DHMH - 16 50M 4/B3 (VRA 15, 4)

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within 24 hours after death. Page

STATE OF MARYLAND

3	REG. N	10.	3	6	Ö	
TE O	FDEATH	HTMOM	DAY	YEAR	2b. HO	UR

1 -	STATE REGISTRAR			DEPART		ICATE OF DEATH	8 A REG. N	10.	3 0	5 /
	CEASED NAME	FIRST	-	AIDDLE	l	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(I A DE		mes	No	lsen	Bry	eWn	Ma	y	11,1984	9805A _M
3. SE			RACE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
,	Male		Waite		Feb"	12, 1919	65	YRS.	MONTHS! DAYS	HOURS MIN.
	RTHPLACE (STATE ORFI			WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	OR COUNTY	OFDEATH	MD
	TY OR TOWN OF DEA	TH 1				er other institution	120. USUAL OCCUPAT			of Business or acturing
	AL RESIDENCE (IF NURSI	NG HOME OR O		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	1281788	lers	La	1417
}4. F/	JOHII	W."	B	rown		15. MOTHER'S MAIDEN NA Elizabet		Sp	ear	ST
160 V	VAS DECEASED EVER		ED FORCES?	214-16	-3014	Wife -Diane	Earlev		Md.	
	/629 Conditions, if ony, gove rise to imm	which mediate	DUE TO, OI	r as a conseou	ENCE OF	the lung with	h metastase	:8	APPROX BEIWEEN	MATE INTERVAL ONSET AND DEATH CAL'S
7	PART 2. OTHER SIGN	lost.	(c)_	DNTRIBUTING TO		NOT RELATED TO THE TERM Vessel in ab	NINAL DISEASE OR COM	NDITION GIV	/EN IN PART 10	0
MEDICAL CERTIFICATION	19a. DATE OF OPERAT					N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
AL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
MEDIC	21d. INJURY OCCURE	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I		21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) saw the decease above, (1) (we) (a	(this hospite		19_	84 , or	nd that in (my) (our) apinion	death occurred on the c	date and had		that (I) (we) last causes stated
	226. SIGNATURE	S.	- 1	hair, n	_	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	220 DATE	SIGNED 411, 19
1	224 BHYSICIANI'S NI	AAE ATVECOR	00(417)			1220 ADDRESS				

23t. NAME OF CEMETERY OR CREMATORY Galena Cem.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fill should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

medical exo

injury, ar ather troumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR Fellows F 250. DATE REC'D Funeral Home Cecilton, 2191

35, PATE /84

Galena,

BY REGISTRAR 256. REGISTRAR'S SIGNATUREDE

STATE

Kent, MD

	Cecil ut• asse	il County	i ial •°° Jec	Union Pespit	0,	ale v l l'tton l'arglanc
endly Landucturing	Cecil .ut. asse	il County x	: de î• le: diliv:	Union Leapit	e, ell	licton licton
endly Landucturing	Cecil .ut. asse	ndenskile.	oflive	Union Pespit	Cecil	litton Largland
ille, Mi.	.ko .eaa.l	ndenskile.	oflive	cfr.s:	Cecil	onsfyrs.
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ille, Md.				Later Conf.		
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TO FUNERAL DIRECT should be detoched for with the State Dept. a

or Item 18

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IMPORTANT: IF

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STATE OF MARYLAND

HYGIENE

6. AGE (IN YEARS LAST BIRTHDAY)

IF UNDER I YEAR

FOR STATE REGISTRA	R		0	EPARTMENT O CERI		OF DEATH
EASED NA		FIRST	MIDDLE		LAST	
R PRINT)	MAR	GARET	ANGELINE	BROWN		

CAUC.

USA

20. DATE OF DEATH	HTMOM	DAY
MAY 3	. 198	34

		_
YEAR	2b. HOUR	
	1 10	2

3. SEX FEMALE	4.
6. BIRTHPLACE ISTATE OR FOREIGN ELKTON, MD	7 b

CECIL

MARCH 21, CITIZEN OF WHAT COUNTRY?

1929 9 BALTIMORE CITY OR COUNTY OF DEATH

10. CITY OR TOWN OF DEATH

WIDO WED [

DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

CECIL 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b COUNTY 113r. CITY OR TOWN

13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

MARGARET

FATHER'S NAME ABRAHAM

1. DEC

17. INFORMANT

SR.

ADDRESS

MIDDLE

McCOOL

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

CERTIFICATION

MEDICAL

166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) 222-18-4833

ROBERT

husband same

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: ARDIO-RESPITORY IMMEDIATE CAUSE (a) CANCER. ADVANCED LUNG Canditians, if ony, which gave rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF

underlying cause

19a. DATE OF OPERATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)

To, ACCIDENT WAS UNDERLYING DEATH CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2
Id. INJURY OCCURRED	2

NOT WHILE

AT WORK

sow the deceased olive on

16 TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [

CITY OR TOWN

HOUR A.M. MONTH DAY YEAR 19 le. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1

and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated

above, (1) (wa) (did) (did nat) view the bady after-death 226 SIGNATURE

DEGREE 22e ADDRESS

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

STATE

YOGISH PATEL

230. BURIAL, CREMATION, REMOVAL

23b. DATE 5/5/84

23c NAME OF CEMETERY CECILTON ZION

ECILTON, CECIL, MD

COUNTY

24 FUNERAL DIRECTOR

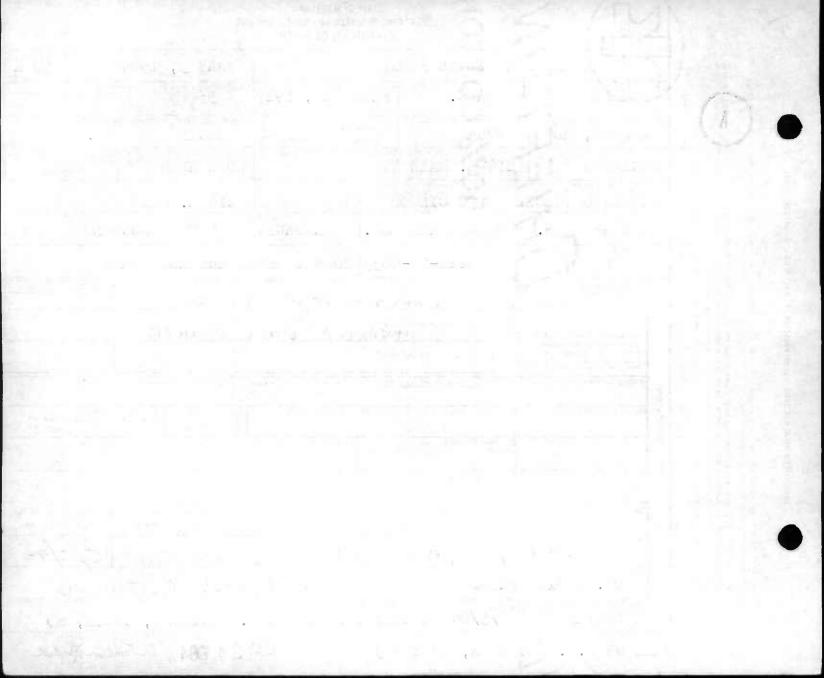
FELLOWS F.H. CECILTON, MD 21913

22a.1 certify that (1) (this hospital) attended the deceased fram

250 DATE REC'D. BY REGISTRAR whia Davidson-Randall

DHMH-16 60M 1/73 (VR A 15 (4))

ATTENDING



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	OR ATTEND	idsou a
	PITAL	by the
	TO HOSP	etoined
	Same	

-1	Ŀ	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	8 4 REG. NO	
y be ogn 3 death	(TYPE	CEASED NAME FIRST PRINTIPLE PRINTIPL	Anna	Burton	J	5 16 84 26 HOUR
treator of months	3. SE	Female	Caucasion	S. Date of Birth Month Day Aug. 24 1908	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
death. P	Ma	RTHPLACE (STATE OR FOREIGN OUNTRY) ryland	76. CITIZEN OF WHAT COUNT	MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	PRACTIMORE CITY OF CECH C	O · MD.
by the filled with	Æ	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	Jursing Center	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
rthin 24 hoursely filled III.	130. 5	TATE 13b. COU Cec		ON YES NO XX 15 MOTHER'S MAIDEN NA	13e. STREET APPRESS 55 Papermil	ll_Road 21921
e executed w		VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) NO (IF YES, GI	R. 5m	ECURITY NO. 17 INFORMANT	ADDRES	Balance Balance
quires that the death certificate signed by the ottending physici hen please remove corbanpoper to buriol, cremotion, or removal. injury, or ather traumotic event, the	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	QUENCE OF CHT	MINAL DISEASE OR COND	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PITTION GIVEN IN PART 110
he fow re	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
HYSICIAN; ading phys are certifical buriol-tror I Mental Hy or Item 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 210 PLACE OF INJURY	19 211. LOCATION	RED (ENTER NATURE OF INJURY	
TENDING ital or o OR, Afte or use as if Health	×		(AT HOME, STREET, FACTORY, OFF	m 9-15 1981		te and hour and from the causes stated
TO HOSPITAL OR AT retoined by the hosp to FOREAL DIRECT should be detached it with the State Dept. or With the State Dept. or MAPORTANT: If them 2		226. SIGNATURE	G. Lanzi, M.D	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 721 Brid	MEDICAL STAFF	AN
BP		URIAL, CREMATION, REMOVAL	23b. DATE 2	West Nottingham Cem	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	1	Burial	May 19,1984			Cecil Maryland Sp. REGISTRAR'S SIGNATURE Whia Davidson—Rendere

And the state of t SERVICE STANDARD TO SERVIC

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond campletely filled in by the funeral di should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 ha with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumotic event, the medical examined that the defense of the properties of the properties

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	IENE B GREG. I	NO.	3 6	60
(TYPE	CEASED NAME OR PRINT)	W T	-6	E.	Co	AST/E	20. DATE OF DEATH	5/2/	S 4 F UNDER 1 YEAR	2b. HOUR PM
3. SE)			4. RACE		S. DATE C	DAY YEAR			ONTHS DAYS	HOURS MIN.
1	'emale	-	White	WHAT COUNTRY?	_	RUARY 2, 1922	62 9 BALTIMORE CITY	OR COUNTY C	DE DE ATH	
	country land		USA		WIDOWE		Co	ei i	/ (Co MD.
10. CI	E/K/	ファレ	(IF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVE STREET NION HOS	NG HOME (OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST			OF BUSINESS OR
130. S Ma	ryland	13b. COUN	ITY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Elkton	MN	13d. INSIDE CITY LIMITS? YES NO NO 15. MOTHER'S MAIDEN NA.	13e. STREET ADDRESS 1428 Appl		oad	21921
14. FA	THER'S NAME		MIDDLE	LAST		FIRST	WIDDLE		LAS	
	Charles		F.	Widdoe		Velma	ADD	RESS	Wall	ker
	VAS DECEASED EVER VES. NO OR UNKNOWN) NO		E WAR OR DATES)	166. SOCIAL SEC		17. INFORMANT		NESS		
	Conditions, if ony, gove rise to imm cause (a), stating underlying couse	nediote ig the lost	(b)	R AS A CONSEQU	JENCE OF		NCER.	NOTION CIVE	NUMBER OF THE	
IFICATION	19a DATE OF OPERA					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DEA	HOUR A.	m. month [m.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR		
WE	WHILE NOT WE	IILE 🗍		REET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR	E no	COUNTY	STATE
	22a. I certify that (I) saw the decease obove, (I) (wa) (c 22b. SIGN ATURE 22d. PHYSICIAN'S NI	(this hospiced alive on did) (did as	t) view the body	ofter death. PA tes	/ m.	22e ADDRESS Stanton Med	MEDICAL ST DIRECTOR PHYS	AFF	and from the	SIGNED
23a	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 5-24-			CEMETERY OR CREMATORY Hill Methodis	23d LOCATION CITY OR TOWN CEMETERY	. Cherr	COUNTY	STATE

BP. DHMH - 16 50M 4/B2 Burial

ADDRESS

Cherry Hill Methodist Cemetery, Cherry Hill

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAY 28 ppg Julia Davidson—Rand Lulia Vairdson-Randell

(VRA 15, 4)

retained by the hospital or ottending physicion.

HICKS HOME

for FUNERALS ELKTON.

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equires that the death certificate be executed within 24 hours afti

TO HOSPITAL OR ATTENDING PHYSICIAN, The la retained by the happital or attending physician

	FOR - STATE REGISTRAR			CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	3 6 6
	ECEASED NAME FIRST	CE.	J. A	/	se/	20. DATE OF DEATH MONTH	2/84 // 2b. HC
3. SE	EX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UND
	Female	Wh	ite	Janua		76 YRS.	
70. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE GITY OR COUNTY	OF DEATH
4	Maryland	USA		WIDOWE		Cecil	Co
	EIXTON.	Unic	on Hospita	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LII Homemaker	12b. KIND OF BUS INDUSTRY
13a.	JAL RESIDENCE LIF NURSING HOME STATE 136. CC	YTAUC	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
		Cecil	Elkton		YES NO X	2770 Singerly R	load 2192
	Edwin	MIDDLE S.	Now1and	1	15. MOTHER'S MAIDEN NA FIRST Mary	WIDDLE	Scott
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) [IF YES,	, GIVE WAR OR DATES)	None		Mr. James J.	Hensel 2770 Sin	gerly Rd,
	gave rise to immediate cause (a), stating the	DUETO	da A CONTONIE	NCE OF	1 1 0	- , t	
	cause (a), stating the underlying couse last.	DUE TO, O	Harlen	risol	Late Lent de	sus + atril 11	0 - 2 1
FICATION	cause (a), stating the underlying couse last.	(c) NT CONDITIONS <u>C</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS US FYING CAUSES OF DE
CERTIFICATION	Cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(c)	ONTRIBUTING TO D	DEATH BUT	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS UP FYING CAUSES OF DE ES \(\text{NO}\)
	Cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	(c)	ONTRIBUTING TO DESTRUCTION FOR WHICH DE INJURY M. MONTH DA M.	DEATH BUT	21c. HOW INJURY OCCUR	200 AUTOPSY? 206. IF YE'IN CERTII	S, WERE FINDINGS UP FYING CAUSES OF DE ES \(\text{NO}\)
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	Cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AND	IPB. CONDITIONS CONDIT	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIO AY YEAR 19 ARM. ETC.)	21t. HOW INJURY OCCUR 21t. LOCATION STREET And that in (my) (our) Opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? 206. IF YE IN CERTIL YES NO SET TO YE YE RED (ENTER NATURE OF INJURY IN ITEM 18.1	S, WERE FINDINGS U FYING CAUSES OF DE S NO PART 1 OR PART 2) COUNTY 19 , that (I pr and from the couses
	Cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (1) (this he sow the deceased allowed obave, (1) (we) (did) (did)	IPB. CONDITIONS CONDIT	ONTRIBUTING TO E OTTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, O	OPERATION AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 206. IF YE IN CERTIL YES NO YE YE IN CERTIL YES TO TOWN CITY OR TOWN deoth accurred on the date and hau	S, WERE FINDINGS U FYING CAUSES OF DE ES NO PART 1 OR PART 2) COUNTY

ADDRESS

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Md.

PARTICIAL DIRECTOR
Hicks Home for Funerals

Meth Cem Coc 25a. DATE REC'D BY REGISTER AND RED STRAR 219MAY 753

Maryland

DHMH - 16 50M 4/82

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(VRA 15, 4)

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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	3	6	6	1 1
	NEO					

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 0
1. DECEASED NAME FIRST	AIG (A)	HOOPPI		DAY YEAR 2b. HOUR
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BRITHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Male	CAUS,	MONTH DAY YEAR OCT. 23 192		MONTHS DAYS HOURS MIN.
70. BIRTHPLACE STATE OR FOREIGN COUNTRY) West Grove, Pa.	76 CITIZEN OF WHAT COUNTRY	7 8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Cecil County	
10. CITY OR TOWN OF DEATH Elkton	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 136, STATE 136, COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 136. INSIDE CITY LIMITS?	190 Greenbank Ro	Power 21903
Harry	W. Hoopes	Harriet	WIDDIE	Slater
	RMED FORCES? 166 SOCIAL SEC VIVE WAR OR DATES) 202-18-2		ADDRESS or H. Hoopes, Perr	
PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE OF THE CAUSE OF	n Stepn CV	A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Weeks 42973
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause tost. PART 2 OTHER SIGNIFIC ANT	DUE TO, OR AS A CONSEQU		MIN ALI DISEASE OF CONDITION CIL	5
PNEUMS 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	nia, Uringi	- · · · · ·	ection, Rheum	whole Orthrifis, were findings used ying causes of death?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM T8 F	PART T OR PART 2}
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	(FARM, ETC.)	CITY OR TOWN	COUNTY STATE
saw the deceased alive a	pital) attended the deceased from 1 2 19 10t) view the body after death.		n death occurred on the date and hou	19, that (I) (we) last ir and from the causes stated
22b. SIGNATURE	6 11	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS	Ave., North East M	
	Hensgen M.D.			ary tand
236. BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	1 236. DATE 236. 5/14/84	NAME OF CEMETERY OF CREMATORY	THY OR IGNAPIA	COUNTY STATE

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the furneral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

injury, ar ather traumatic event, the medical exami

IMPORTANT: If Hem 21 is marked or Hem. 18 shaws any

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law relained by the haspital ar attending physician.

24 FUNERAL DIRECT HICKS HOME FOR FUNERALS. Elkton. Md.

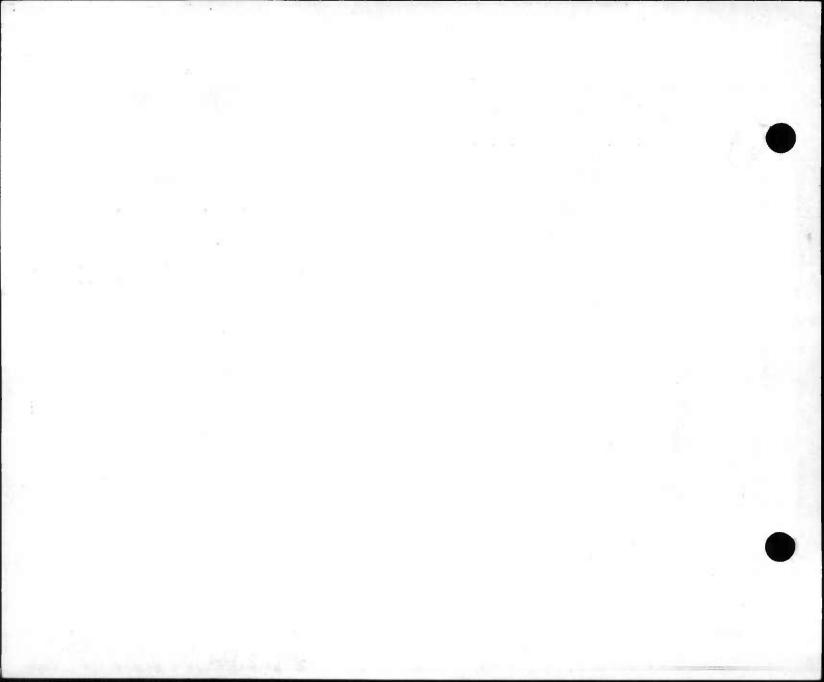
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TO HOSPITAL SECTIONDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

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	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		ENE 8 4 REG. NO).	30	0 4
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deoth deoth		ucille o			AX Hype	27/4 -	well		-	, ,		J. DU PM
	3 SE	Femal	e	RACE	auc.	5 DATE C		YEAR,	6. AGE LINYEARS LAST BIRTI	YRS.	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
(* Y)	7a B	RTHPLACE (STATE OR FO	DREIGN 76	U.S.	what country? A •	MARRIEI WIDOWE	NEVER MARR	RIED CED	BALTIMORE CITY OF Cecil	R COUNTY C	OF DEATH	MD.
ied (a)	10 C	Elkton	тн 11	(IF NOT IN, SUC	HOSPITAL, NURSII HFACILITY, GIVE STREET LON HOS	T ADDRESS)	ROTHER INSTITUT	ION	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF HOUSEKEE	WORKING LIFE)	126 KIND OF INDUSTRY HOM	F BUSINESS OR
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ed withing	14. F.	ATHER'S NAME FIRST Robe	rt Tr	ooie ent Hy	LAST 1Pes		15 MOTHER'S MA	IDEN NAM azel	S. MIDDLE	Carte	LAST	
on and co	160 (WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		234-09	_	17 INFORMANT 20hn W	. Ho	well Noat	N. Ma	in St	2100
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g physical ertificate nol-transi	_	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC.	AUSE OF DEATH	216. TIME O HOUR A.I	M. MONTH D	AY YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T 1 OR PART 2}	
attendin ter this of is the burner hand Me	MEDICAL	214 INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE [21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OR TOW	'n	COUNTY	STATE
pital ar TOR Af for use o of Health		220.1 certify that (1) sow the decease abave, (1) (we) (c	ed alive an_	5-1	6119_	5-1 84 an	d that in (my) (aur	apinion d	eoth occurred an the do	ite and haur	0 /	that (I) (we) last causes stated
J by the hos NERAL DIREC be detached e State Dept FANT: If Hem		22b. SIGNATURE FRANCE 24d. PHYSICIAN'S NA	le. 0	wit	el.		DEGREE ATTEN PHYS 220 ADDRESS	NDING GICIAN [MEDICAL STAP		22c DATES	SIGNED
TO FUNE should be with the SI												
BP	230	BURIAL, CREMATION, SPECIFY) Buria		236. DATE 5 - 22 - 0			emetery or crem Last Met		North EA		Cil M	STATE
DHMH-16 20M (VRA 15, 4) 7/78	24 F	UNERAL DIRECTOR	r Fund	lofey eral H	11///	//-	ast, Md	25. DATE	DEC'D BY DECISTRAD		AR'S SIGNATI	IRE



1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 6 6 5
1. C (T	DECEASED NAME FIRST LOUISE	MIDDLE V. Hun	tast +	May 1, 1984	2b. HOUR 1:15P.
3.5	E COLS	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	19-04 YEAR	79 YRS	NONTHS DAYS HOURS MIN.
35 70.	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Cecil	OF DEATH
0	city or town of DEATH Rising Sun		NG HOME OR OTHER INSTITUTION ROPER Nursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
136	i, STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 136, CITY OR TOVE CIL PORT D	VN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5 Benjamin D	rive
exomine 14.	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST	ME MODLE	LAST
medicol 160	. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 212-20		ADDRESS rvices of Cecil	CO . APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
any injury, or other troumotic event, the	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOL (b) DUE TO, OR AS A CONSEOL (c)	JENCE OF C. V. D.	T QITURE	5 Mg.
8 shows any injur	19a. DATE OF OPERATION	P _	H OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
d or them d 8 shows		P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
morked or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is	sow the deceased alive a	n 19 notice the body ofter death.	75, ond that in (my) (our) apinion	death accurred on the date and hou	19.87 , that (I) (we) lost r and from the causes stated
ofe Dept.	22b. SIGNATURE	R. Tarton	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 5-2-84
MPORTANT: If Item	22d. PHYSICIAN'S NAME (TYPE	OR PRINT) Taylo	220. ADDRESS V Sr Risiv	na Son, M	andand.
23	BURIAL, CREMATION, REMOVA	5 7 4 84 23c	NAME OF CEMETERY OR CREMATORY BETHEL	131. LOCATION CITY OF TOWN	CUNTERIA STATE
1/76	FUNERAL DIRECTOR CANANA	Johnson Chile	iforn 2 Con DAT	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

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requires that the death certificate be executed within 24 haurs after

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STATE OF MARYLAND

3	End	1	3	
-	REG. NO.			

1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 AREG. NO	1 3	0	6 0
	CEASED NAME FIRST Deloise	B	AIDDLE	Hut	ton	May 3,	1984	YEAR	26. HOUR 2: 25A. M
3. SEX		4. RACE White		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UP MONT	HS DAYS	IF UNDER 24 MRS. HOURS MIN.
7a. 81F	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	MD.
3	Lkton	(IF NOTIN SUC	on Hospit	al al	DR OTHER INSTITUTION	170. USUAL OCCUPATION OF WORKER COMMONTO	F WORKING LIFE) !	NDUSTRY	tions
13a. S	ryland (ec	VIY	GIVE RESIDENCE BEFORE , 13 CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO 🔀		ams Road	121	121
	HER'S NAME Walter	MPDLE	Broyle		15. MOTHER'S MAIDEN NAM	Monte		Ree	ed
	VAS DECEASED EVER IN U.S. AF TES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?	217-22-8	3505	Mr. Frank V.	G. Hutton			Rd. EUkto MATE INTERVAL MATE INTERVAL MATE AND DEATH
ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OI		NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WI	ERE FINDIN	IGS USED
CERTIFICATION	21a ACCIDENT WAS UNDERLYING	7 216. TIME O	F INJURY		21c HOW INJURY OCCUR	YES NO P	YES E		NO [
MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK A WORK	HOUR A. P. 21e PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC.)	21f LOCATION STREET 19 4	city on to		COUNTY	STATE that (1) we) last
	saw the deceased alive or above, (y kee (did) (did no 22b. SIGNATURE	ml	after death.	7	DEGREE ATTENDING PHYSICIAN 1220-ADDRESS	MEDICAL STA	FF CIAN [22c. DATE S	SIGNED
23o. B	BURIAL CREMATION, REMOVAL	23h DATE	13c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	, Cliktor	r Hary	pland
	SPECIF Burial UNERAL DIRECTOR	May 5,	View	racule	1 250 DAT	CITY OR TOWN	Il Ceci	1 Ab	ayland_
	yee runeral H	ome 259	East Pair	St.	Eleton Md MAI	1 1904 Ju			

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR, when this certificate has been ugand by the attending physician and completely filled in by the functional be detached for use as the burill-froming permit. Then please remove corbon papers. Pages 1 and 2 should be filled with with the State Dept. of Mealth and Mental Hygiene prior to bariot, cremation, or removal.

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MPORTANT, If Nem 21 is morked of them

(VRA 15, 4)

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STATE OF MARYLAND

8 AREG. NO.	1	3	6	6	1	
O. DATE OF DEATH	HTMC	DAY	YEAR	2b. H	OUR	
	5/	7/	84	10	230	1

1 -	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 AREG. N	o.	3 6	6 /
	CEASED NAME OF PRINT	bert	D. Jo	hns	SON JR.	20. DATE OF DEATH	MONTH D	7/84	1230 A
3. SE	X .	4 RACE		5. DATE		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
11	Nale	WI	rite	Jul	y 38°, 1946	37	YRS	ONTHS! DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREK SOUNTRY) d.		S.A.	8. MARRIE WIDOWI	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	MD.
10. C	EIK TOWN OF DEATH		AE OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET LIN LON HO			(TYPE OF WORK FOR MOST C (TYPE OF WORK FOR MOST C MECHAN L	F WORKING LIFE		BUSINESS OR
13a. S	TATE	COUNTY CECLL	ITUTION, GIVE RESIDENCE BEFORE 131. CITY OF TOWN ELECTOR		13d. INSIDE CITY LIMITS? YES \(\text{NO} \(\text{Q} \)	13% STREET ADDRESS	n Val	ley Rd	121
14. FA	Robert Da	le Tohi	nson Sr.		ELLa A.	Reed MIDDLE		LAST	
16a. V	VAS DECEASED EVER IN L	J.S. ARMED FOR YES, GIVE WAR OR D	CES? 166 SOCIAL SECU 219-44-	6175	Robert D.	Johnson S	r. Elk	Union ton. M	Valley
No	Canditions, if any, wh gave rise to immedi cause (a), stating underlying cause la	offe the DUE	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE (c)	NCE OF	e of Colon				
CERTIFICATION	190. DATE OF OPERATION	1 19b (CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES C	
	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	OF DEATH HO	TIME OF INJURY UR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		PLACE OF INJURY OME, STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (1) (this saw the deceased a abave, (1) (we) (did)	live an M a	2my 6 198	14.0	nd that in (my) (aur) apinian	death accurred on the de	, 1 ate and haur		nat (11 (we) last auses stated
	27b. SIGNATURE	Bl	They i	60	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		May May	7/84
1	22d. PHYSICIAN'S NAME	/ /	hlance	m>	22e. ADDRESS	3 1/ ma	/	219	7/

230. BURIAL, CREMATION, REMOVAL BP

IMPORTANT: If Item 21 is marked or Item 18 shame

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages Land with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the haspital or

attending physician

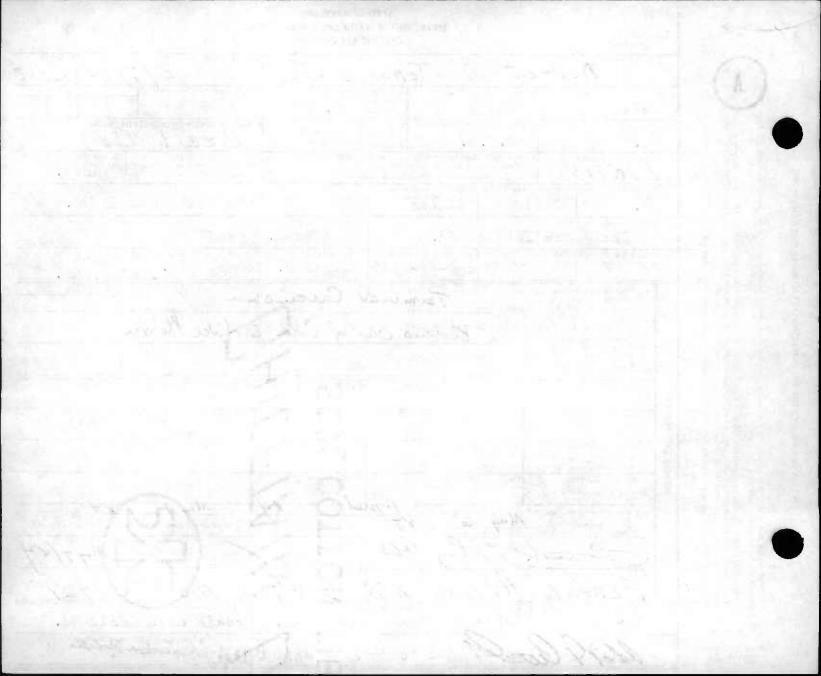
injury, ar ather traumatic event, th

5-10-84

136 NAME OF CEMETERY OR CREMATORY North East Meth.

North East Cecil Md.

REGISTRAR 256 REGISTRAR SSIGNATURE Homess North East, Mid



other

50

marked

State

bei ansit per I Hygien CERTIFICATION

STATE	OF	MADVIAND	
SIAIC	VI.	MARYLAND	

STAIL OL WAKITAND						
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE					
CERTIFICATE OF DEATH						

CERTIFICATE OF DEATH	GIENE 8 REG. I	NO.	3	5	6	ర
LAST	2ª DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR,
KNOTTS		5	30	84	8	C
5 DATE OF BIRTH	6. AGE IN YEARS LAST B	RTHDAY)	# UNDE	RIYEAR	# UNDE	24 HR5
CIRAL MONTH DAY YEAR	. 0	0.	MONTHS	DAYS	HOURS	MIN

(TYPE OR PRINT) GRACE 3. SEX

7h CITIZEN OF WHAT COUNTRY?

MIDDLE

MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY OR COUNTY OF DEATH

12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOU EWIFE

13 COUNTY FATHER'S NAME

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

MIDDLE

ILMINGTONYES - ? NO -15. MOTHER'S MAIDEN NAME

Respiratory Failure

MIDDLE

WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) I I IF YES, GIVE WAR OR DATES)

FOR - STATE REGISTRAR DECEASED NAME

BIRTHPLACE STATE OR FOREIGN

221-18-1401/EROY WHITMAN - 2022

MMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

Artenoscherosis

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

9a	DATE	OF	OPERATION	П

cause (o), stating the

underlying cause lost.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NO

CITY OR TOWN

and that in (my) (bur) opinion death occurred on the date and hour and from the causes stated

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]

21f LOCATION

STATE

, that (1) (we) last

22a. I certify that (I) (this hospital) attended the deceased from sow the deceosed alive-onobove, (1) (we) (did (did not)) view the body ofter death 22b. SIGNATURE

DEGREE

Decome

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT) James R. Dearworth, Mp

NOT WHILE

AT WORK

167 W. Main St. Newark, Dep. 19711

	23a.	BURIAL,	CREMAT	ION,	REMOV
1		[SPECIFY]	311794	-	
		-	41179 T	2	

AT WORK

6/2/84

comes R. Deawaltons

23c NAME OF CEMETERY OR CREMATORY Ebenezer Cem.

22 ADDRESS

Newark, New Castle, Del.

24 FUNERAL DIRECTOR

REGISTRAR 236 REGISTRARIA MONATUR

TO FUNERAL should be with the DHMH-16 25M (VRA 15, 4) 1/79

PER JELLEY THE CALLERY SHIPELT MAKE ASSESSED ASSESSED TO SEE WALKERS WINDOWS STATE OF PARTY OF STATES 그 그 이 무료하다 2 H-7 - HILLER'Y CHITHING Y'X S FEMILE which the Spender Con. .lac. sizeno val dares.

20M 4/82

product of the formatty published and their The St. Mar. S. Ver. Paralle Strate X Y 22-7 Leading the State of the Control of the State of the Stat

director, page 3 nous after death

the attending physician and completely filled in by remave carbanpapers. Pages 1 and 2 should be file

njury, ar ather traumatic

OFFUNERAL DIRECTOR: After this certificate has been signed by heald be detached for use as the burial-transif permit. Then please (The State Dept. of Health and Mental Hygiene prior to burial, or WORTANT: If them 21 is marked or them 18 shows ony injury, or other them.

ATTENDING PHYSICIAN: attending phys

the hospital

within 24 hours after

CTATE OF MARYLAND

١.	FOR	DEPART		EALTH AND MENTAL HYG	SIENE .		3 6	70
'	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	1		
	CEASED NAME FIRST	WIDDLE	1	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(1117	A lice	Alice VV.	41	Laing	/	npy 2	3,1980	1250 PM
3. SE	X	I. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Female	White	May	11, 7911 YEAR	73	YRS.	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTRY?	8.	D MEVER MARRIED	9 BALTIMORE CITY O	~	OF DEATH	
	West Virginia	U. S. A.	WIDOWE	_	(ecil (ounty		MD.
40. C	0.11	1. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	178. USUAL OCCUPATION		126. KIND O	F BUSINESS OR
	Elkton	Union Hospita	Z Coness)		House du			ome
	AL RESIDENCE (IF NURSING HOME OR C			13d. INSIDE CITY LIMITS?	136 STREET ADDRESS			Caca
		gan - Hedges		YES NO KK		Route	3	9999
	ATHER'S NAME		1220	15. MOTHER'S MAIDEN NA	ME			-
1	Ernest	Courtney		FIRST	nes	C	unning	ham
	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	-		
	(1F YES, GIVE	WAR OR DATES) 234-24.	-4153A	W.LOuise Rap	cavage-P.O.	Box 18	-Charl	yland estown.
				W.Boulbe hap	ouvago 1 to	5011 20		MATE INTERVAL ONSET AND DEATH
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		o Ti	4 Henrif F	Failner		10 Dx	JASEI AND DEATH
	4140 IMMEDIATE	CAOSE (O)		1 / 4013101			1015	0
	Conditions if now which	DUE TO, OR AS A CONSEQUENCE OF		land their	211	ue	DD.	
	Conditions, if any, which gave rise to immediate	(p) 14.0 LAS	wani.	1.0/4	visu armi	1000	1	0.0
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU		who town I	Tai 1	Dinge	her	am-
	DART 2 OTHER SICAHEICANIT CO	107		NOT BELATED TO THE TERA	AINIAI DISEASE OR CONT	VITION CIVE	LINI GADT 1	-7-9
8	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101							
¥	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?		, WERE FINDINGS USED		
The Condition for which operation 196, CONDITION FOR WHICH OPERA							FYING CAUSES OF DEATH?	
E	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ALL MEAN	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR					
MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	C17 00 10.	arh l	COUNTY	STATE
Z	WHILE CO NOT WHILE CO	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	W.Lvi	COUNTY	STATE

mosa

22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an

226. SIGNATURE

and that in (my) (our) apinian death occurred an the date and haur and fram the causes stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224. DATE SIGNED

NOT WHILE

abave, (1) (we) (did) (did not) view the body after death

236. DATE

Μ.

22e. ADDRESS

27d. PHYSICIAN'S NAME (TYPE OR PRINT) Charles

Hensgen.M.D

Ave North 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

21901 Rerkelev Springs-Morgan, W.V.

Burial N FUNERAL DIRECTOR Brown F

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Green Way Cemetery

DHMH - 16 50M 4/B2 (VRA 15, 4)

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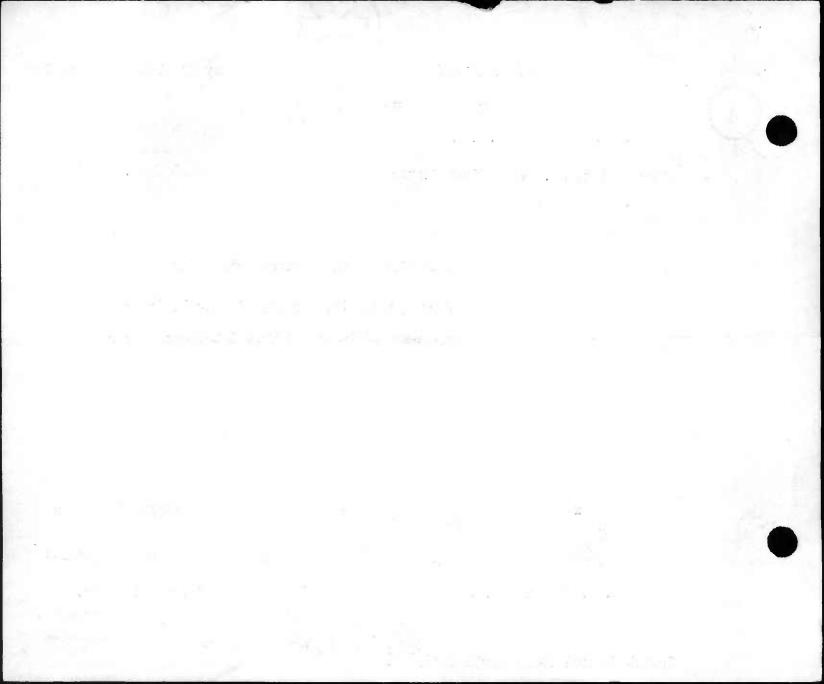
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Poc retained by the haspital or attending physicion.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120	thot
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the haspital or attending physicion.
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] -	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 AREG. NO.	1 3 6 7
	DEC	EASED NAME SERST	MIDDLE L.	ounsbury	20. DATE OF DEATH MON	TH DAY YEAR 26. H
3.	SEX		1. RACE White	5. DATE OF BIRTH FIELD 5, 04/933 YEAR	6. AGE (IN YEARS LAST BIRTHDA	/
3	. BIR	THPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED A NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	
20/	E	= 1X TON	Union Hospital		120. USUAL OCCUPATION	RKING LIFE) 125 KIND OF BUS
35	M	1 1 /	other institution. Give residence before IN 134 CITY OR TOWN CIL PENYVIOLE	lle YES NO 1	13. STREET ADDRESS S	t. Marks Road
excition and a second	FAT	HER'S NAME ELILLU	Louisbw	ry 15. MOTHER'S MAIDEN NA.	MIDDLE	Holbro
medico 16			MED FORCES? 16b. SOCIAL SECU WAR OR DATES) 2/2-30-10		bury, Perryvi	lle, "aryland
ijury, ar other trauma		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO E		IINAL DISEASE OR CONDITI	DN GIVEN IN PART 110
	_ =			OFFE AT ON WAS DERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS U
ows ony ir	TIFICATI	9a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO NO	CERTIFYING CAUSES OF D
	CERTIFIC	9a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA		IN IN	YES NO
	3	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 19 211. LOCATION	YES NO NO	YES NO
tem 21 is marked or Item 1	MEDICAL	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CHE CONTRIBUTING C	21b. TIME OF INJURY H HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F all) ottended the deceased from 19	AY YEAR 19 21f. HOW INJURY OCCURI STREET 19 21f. LOCATION STREET 19 4 And that in (my) (aur) apinion DEGREE	VES NO RED (ENTER NATURE OF INJURY IN CITY OR TOWN	CERTIFYING CAUSES OF D YES NC NC NC NC COUNTY COUNTY The hour and from the cause 22c. DATE SIGN
	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospite sow the deceosed olive an above, (I) (we) (did) (did not	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT MOME. STREET, FACTORY, OFFICE, F all) ottended the deceased from 19 View the body after death. S. Sach dw.	AY YEAR 19 21f. HOW INJURY OCCURING STREET 21f. LOCATION STREET 19 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	YES NO SERVICE OF INJURY IN	CERTIFYING CAUSES OF D YES NC NC NC NC COUNTY COUNTY The hour and from the cause 22c. DATE SIGN

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	١,	FOR Item #5 G59	2 6/29/84 DEPARTMENT C	ATE OF MARYLAND OF HEALTH AND MENTAL HYG	SIENE	3 6 7 2
	' '	STATE REGISTRAR	CER	TIFICATE OF DEATH	REG. NO.	0
1 C4		CEASED NAME FIRST ROBI	ERT E. LOWERY	LAST	May 27, 198	12:55P M
	3. SE	x Male	4. RACE S. DA White	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 64 YRS.	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	7s. B1	RTHPLACE (STATE OR FOREIGN	U.D.A.	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
by the f		rry Point, Md.	11. NAME OF HOSPITAL, NURSING HOA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) VA Medical Center	AE OR OTHER INSTITUTION	120 USUAL OCCUPATION (179POF WORK FOR MOST OF WORKING	12b kind of Business or INDUSTRY in Design
filled in the round be	USU.	9	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI		13e STREET ADDRESS / ZIP CO	DE 21902
mpletely and 2 sh	14. FA	THER'S NAME	MIDDLE Lowe'F'y	15. MOTHER'S MAIDEN NA.	WE	Love LAST
Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (15 YES, GT DIS WW	RMED FORCES? 166 SOCIAL SECURITY NO. 233 24 0938	VAMC, Perry	y Point, Marylan	ıd
iquires that the death certificate signed by the attending physici. Then please remove carbanappes to burial, cremation, or removal, njury, or other traumatic event, the	NO	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause last	TE CAUSE (0) - Bronchopne DUE TO, OR AS A CONSEQUENCE O	of lungs, diff	use & bulbous, s	severe
nos been permit. In pe	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH? YES NO
SICIAN: The ng physicia certificate hurial-transit lental Hygie lental B sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YE		RED (ENTER NATURE OF INJURY IN ITEM II	3 PART I OR PART ?)
IG PHYS offending ter this of the bur offending rkedor it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital ar TOR: Af for use a of Health		saw the deceased alive or	oital) attended the deceased from 5-27- 19 84 ot) view the body offer death.	5-7 , 19 84 , and that in (XX (aur) apinion	to 5-27-	eur and fram the causes stated
by the hosp ERAL DIREC er detoched Stote Dept. ANT: If Item		226. SIGNATURE KILLIUS	H. Huelman		MEDICAL STAFF MEDICAL STAFF PHYSICIAN MEDICAL STAFF	226. DATE SIGNED 5-30-84
TO HOSPITAL retained by the TO FUNERAL should be detromith the State with the State		ZZd. PHYSICIAN'S NAME (TYPE') K. H. HUEB		VA Medical	Center, Perry Po	oint, Md.
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 6-4-84	of CEMETERY OR CREMATORY ntico Cemeter		COUNTY Virginia
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	ADIALLOS	y Clores DI	TE REC'T BY STOWN RAR 35H SEC	HARY KONFOND PORTE
(VRA 15, 4)	Cr	ouch Funeral Ho	ome, North East, Md.	100		



64 10	- S1	TATE EGISTRAR			DEPAR		ICATE OF D		IENE 8	REG. NO		3	5
	1 DECEA	SED NAME	FIRST	N	NIDDLE		AST		Za. DATE OF		_		EAR
4 65		J	ACK				DDEN		MAY		1984		\rightarrow
	3 SEX	lace	/	RACE) _AUCHS	MAN	S. DATE C	DAY	1915	6. AGE (IN Y	EARS LAST BIRTH	IDAY) YRS	MONTHS	DAYS DAYS
102	7a. BIRTH	IPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF V	WHAT COUNTR	(? 8.	D X NEVER M		9 BALTIMO	RE CITY OR	COUNT	OF DEA	TH
		AHOMA	U		STATES	WIDOWE	D DIV	ORCED	CE	CIL	(0	UNT	7
offer t	PERR	Y POINT	TH 17.	NAME OF H (IF NOT IN SUCI A MEDI	OSPITAL, NUR: H FACILITY, GIVE STR CAL CEN	ET ADDRESS)	RRY POIN	IT, MD	TO USUAL C		WORKING LI	FE) INDUS	STRY . NA
ND 212	13a. STA	RESIDENCE (IF NURSI	NG HOVE OF OTH		GIVE RESIDENCE BEF	ORE ADMISSION)	134 INSIDECI		13e STREET A		ZIP CODI		
AARYLA d within	, FATH	ER'S NAME FIRST HOMAS	MIDE	DIE	Mado		15. MOTHER'S		WE	WIDDLE	SUR	Cu	LAST NRD
BATTIMORE, I cole be execute open. Pogen. oval.	Ma WAS	DECEASED EVER	U.S. ARMEI		166 SOCIAL SE		EVA B		DDEN	ADDRES	s ME	As	13
: 4 405 9	18	CAUSE OF DEATH PART I. DEATH W		Υ.	CARDI	ond (c).) O-PULMO	DNARY AF					BET	IPPROXIM I WEEN ON
201 W. PRESTON ST., I es that the death certific ned by the attending phypleose remove carbonal urial, cremation, or remove, or other traumatic even		conditions, if ony, pove rise to imm		DUE TO, OF	AS CONOR	ARY HEA	ART DISE	EASE				\perp	
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AI RECO	CERTIFICAT	DATE OF OPERAT	ION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFOR	RMED	70a AUTO	NO X	IN CERTI	S, WERE F FYING CA ES []	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirement chysician. The low requirement control from the mental Hygiene prior to be directed or limit's shows any mjur.	4 0	 a. ACCIDENT WAS UND b. CONTRIBUTING (IF EITHER NOTIFY MEDIC 	AUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH	DAY YEAR	21c HOW INJ	URY OCCURE	RED (ENTERNA	TURE OF INJURY	IN ITEM 18	PART 1 OR PA	ART 2)
NVISION WG PSYN other than the than the but h and Mi	¥	HILE NOT WH	ILE [71e PLACE (OF INJURY EET, FACTORY, OFFIC		ZII LOCATIO STREET	N		CITY OR TOW	N	COUN	1TY
ENDIA Poly A Feoil	77	saw the decease	(this hospital)	MAY the	e deceosed from	84	BERI 3	, 19 <u>83</u>	, toM	AY IS	e and ha	1984	, th

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO | RY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE that (I) (we) lost ote and hour and from the couses stated obove, (I) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 776 SIGNLATURE DEGREE ATTENDING MEDICAL STAFF -18-84 DIRECTOR PHYSICIAN & PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS **ALEXIS** ABRIL CENTER PERRY POINT 73a BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY 23d LOCATION BURIAL 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAN 23. REGISTRAN S SIGNATURE
MAY 2. 7. 1984 Line Dandon-Hondische Barranco Funeral Home, Severnas Park, Md.

STATE OF MARYLAND

2b. HOUR

126 KIND OF BUSINESS OR

UNKNOWN

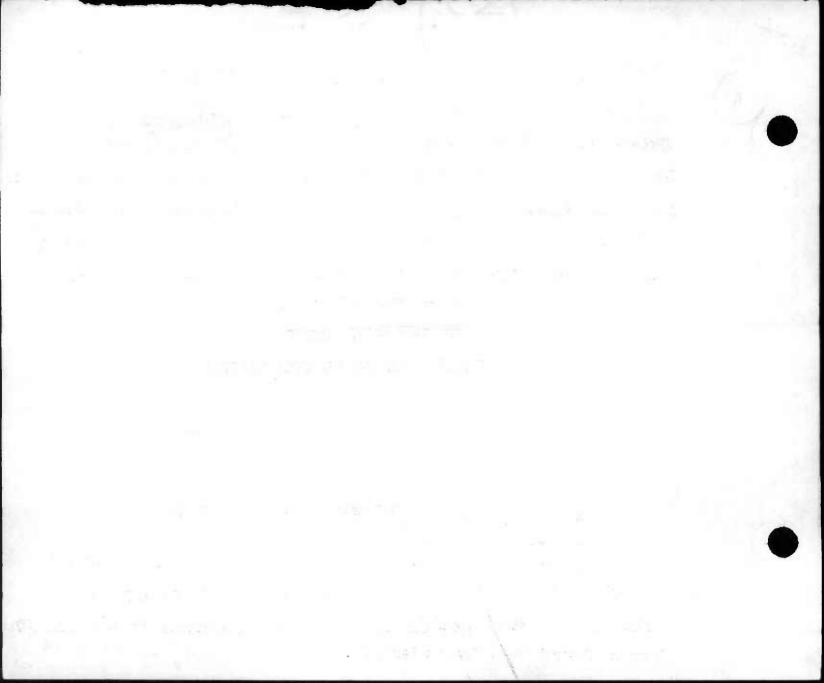
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21012

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECT should be detected to with the Store Dept.

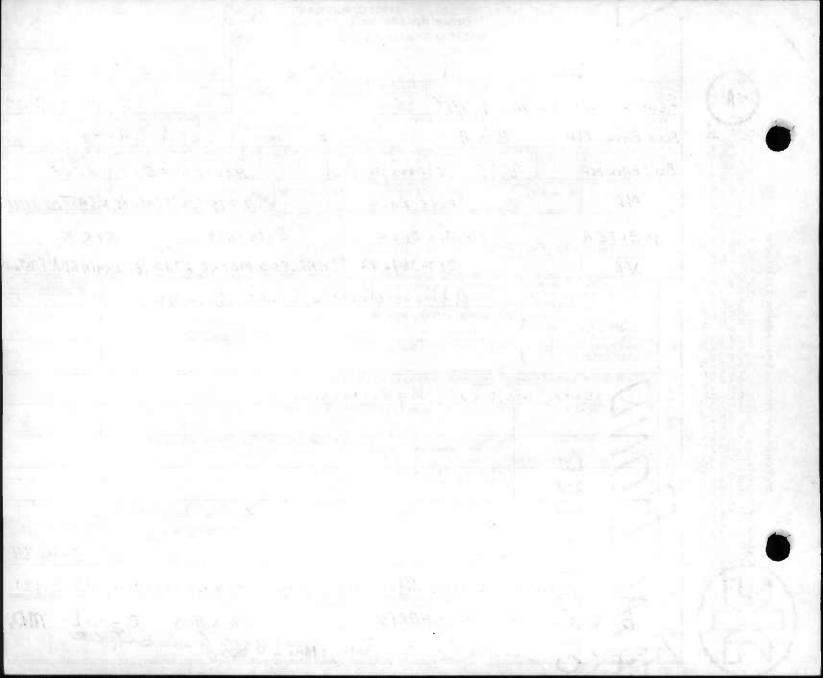


1	FOR STATE REGISTRAR	DEPAR	TMENT ÓF HEAL	MARYLAND TH AND MENTAL HY TE OF DEATH	GIENE 8 REG. N	1 3	6	74
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	UADDW	2a. DATE OF DEATH		YEAR	26 HOUR 1:20pm
2.6	BRUCE	A.	5. DATE OF B	CHARDY	May 25), 1984	DER I YEAR	IF UNDER 24 HRS
3. SI	Male	White	MONTH .	10, 1922		YRS.	HS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN 7b. C	U. S. A.	? 8. MARRIED [NEVER MARRIED DIVORCED		ounty of	DEATH	MD
1	erry Point, Mo.	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE VA Medical	ET ADDRESS)	THER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 1: DE WORKING LIFE) IN	2b. KIND OF NDUSTRY	BUSINESS OR
USI		ER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d	INSIDE CITY LIMITS?	13 STREET ADDRESS 520 Beaule	zip cope	212 Balt	15 imore d
J4, 6	ATHER'S NAME FIRST Unknown MIDD		15.	MOTHER'S MAIDEN N	rknown		LAST	
160	(YBS, NO OR UNKNOWN) (IF YES, GIVE WA	214-18	3-3277	V: A. Med	ical (enter	Perry Po	int M	aryland MATE INTERVAL NSET AND DEATH
TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQ	DEATH BUT NO	T RELATED TO THE TEI	RMINAL DISEASE OR CON	NDITION GIVEN II		
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION W	AS PERFORMED	YES X NO	IN CERTIFYING		
_	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	c. HOW INJURY OCCI	JRRED (ENTER NATURE OF INJE	URY IN ITEM TB PART T	OR PART ?)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a.1 certify that (IX(this hospital) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	attended the deceased from	May 4 XXXXXXnd ti	, 19 <u>8</u> , not in (my) (our) opinio		dote and hour and		ho :XXXXXX ouses stated
	22h SIGNATURE Blass	H. Huebone	DEC 97	ATTENDING	MEDICAL STA	AFF CIAN (X)	5-30	
	22d PHYSICIAN'S NAME ITYPE OR PRI		22	VA Medica	l Center, Pe	rry Poir	nt, Md	
L	(SPECIBURIAL	M 2 -	_	National	Quantico			irginia
	Gee Funeral Home,	Mallow	L	25a. D	ATE REC'D. BY REGISTRAL	1256 REGISTRAR	SSIGNATU	ndalla

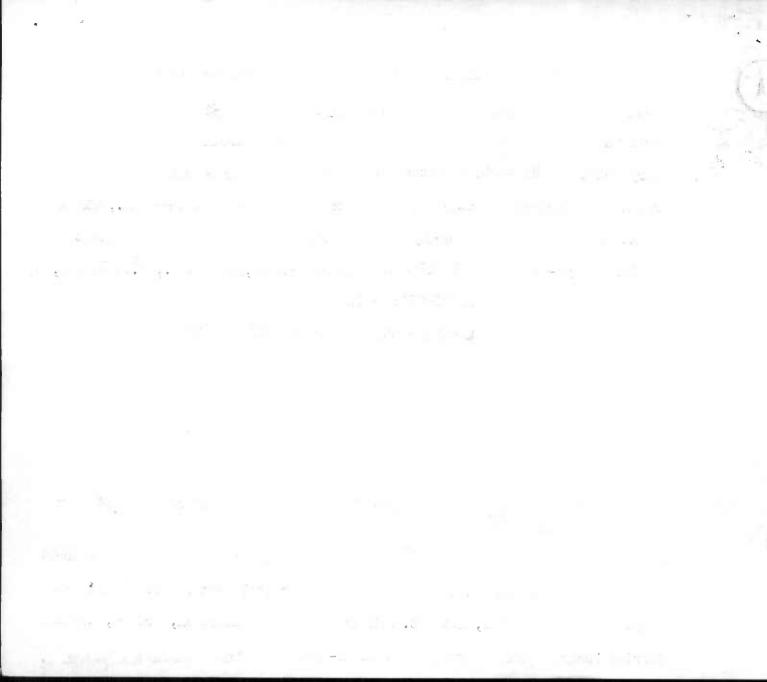
DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND



611	7	_	FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	Ì	3 0	7	6
775			CEASED NAME FIRST RAYMOND		MIDDLE	MURPI	-{Y	May 30, 19	0.4111	DAY YEAR	6:0	
A	Ì	3. SEX		4. RACE		5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTH		IF UNDER I YEA		R 24 HRS MIN.
9 5		1	MAIE	BLACE		FEB (1932	52	YRS.			
death. Perfuneral di	35	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF	what country?	MARRIEI WIDOWE	DI DIVORCED	9. BALTIMORE CITY OR	COUNTY	OF DEATH		MD
of the fu	23	,	rry Point				rother institution ry Point, MD	12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Maintenance	VORKING LIFE		OF BUSINI	ESS OR
24 hours	25	USU A 13a. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY)	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	136.STREET ADDRESS / Z	ZIP CODE	St /2	1001	
thin thin 2 sho	a S		THER'S NAME				15. MOTHER'S MAIDEN NAM	ME				
complete	Woo		Allen	MIDDLE	Murphy		Ida	WIDDLE		Tenne	ast at	
e execu	medico (VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) Yes 152-5	E WAR OR DATEST	219-28-		Mildred Murpl	ADDRESS hv.lll7 Balto	2	21001 .Aber	deen.	MD
rficote be physiciar popers. moval.	of, I		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly one couse per D BY:	line for (o), (b), one RESPIRAT	ODV E				APPRO BETWEE	XIMATE INTE NONSET AND	RVAL O DEATH
ing properties	ofic event,		1449 IMMEDIA	DUE TO O								
e deoth e offend move co	froumc		Conditions, if ony, which gove rise to immediate	(b)_	CARCINOM	A FLO	OR OF MOUTH W	ITH METASTAS	IS	-		
that the last the season of, crear	r other		couse (o), stating the underlying cause lost.	DUE TO, O	r as a conseque	NCE OF						
quires signeo Then ple to burie	njury, or other troumotic	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>C</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIV	EN IN PART	10	
he low re ron. thos been if permit. I	7	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	, WERE FIND YING CAUSE S	INGS USE S OF DEA NO [TH?
physicion physicion rhificote h ol-tronsit p	9		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE			Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2]		
G PHYSICIAN: offending phys fer this certifico s the buriol-fror ond Mentol Hy	ad or It	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE	OF INJURY REET FACTORY, OFFICE, F.		211. LOCATION STREET	CITY OR TOWN	ч	COUNTY		STATE
DIN or Aff	s morked		22e I certify that the (this hospi	tol) ottended th	g deceosed from_	Apr 84	11 4 19 84	May 30	<u> </u>	19_84	, that (f) i	(we) lost
R ATTEN hospitol RECTOR ned for u	21		sow the deceosed olive of obove, in (we) (did) (diame	riay	ofter death.	04 . or	d that in (my) (our) opinion o	deoth occurred on the dote	ond hou	r ond from th	e couses st	toted
OR A e hos DIREC	Hem		22b. SIGNATURE			1	DEGREE				E SIGNED	
te te t	±		1	nem	Xal	/		X MEDICAL STAFF DIRECTOR PHYSICIA	N 🗌	5	-30-8	34
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Stote	MPORTANT: IF		PRF	M LAL,	M.D.	•	22e. ADDRESS VA Medi	cal Center P	erry	Point	, MD	
Sho Show	₹ -	23a. E	URIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d LOCATION				
BP	_	{	Burial	JUN 2	, 1984 Mt	. Cal		Aberdeen,				I d
DHMH - 16 50M 4	/83	24 FL	INERAL DIRECTOR		ADDRESS		25a DAT					
(VRA 15, 4)		T	arring Funeral	Home, A	berdeen,	Md. 2	1001-33	8 1994 July	Suid	- Bar	482	



	tems 18-22a 6/		EPARTMENT OF HEA	F MARYLAND LTH AND MENTAL		1 7	677
	REGISTRAR		DICAL EXAMINER'	S CERTIFICATE		REG. NO.	•
	PE OR PRINT)	Shawn			OF	KNOWN MONTE	
3. SE	SHAN A RACE White	S. DATE OF BIRTH		NOWLAND UNDER 1 YR. IF UNDE		E MONTH NCED	H DAY YEAR 24 HOL
70. B	ORENGE (STATE OR ORENGE COUNTRY) Eleton, Maryle	76. CITIZEN OF WH	AT COUNTRY? 8. M.	ARRIED NEVER MARI	RIED	AORE CITY OR COU	
10. C	Ity or town of DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE Union H	PITAL, NURSING HOME, OR COLUMN, GIVE STREET ADDRESS) [OSpital	OTHER INSTITUTION	12a USUAL OCCU	PATION (TYPE OF WORL	12b. KIND OF BUSINESS OR INDUSTRY
13e. S	AL RESIDENCE (IF IN NURSING TO	WE OR OTHER INSTITUTION, GIV	131. CITY OR 19WN	13d INSIDE CITY LIMITS?		ess ksdale (oi	urt 21921
1	Thomas	Edward	LAST Whitt		LYS	MIDDLE S.	Nowland
160.	WAS DECEASED EVER IN U.S. YES, NO, OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	Gladys S.	Nowland	ADDRESS 25 Barksdo	ale (t., Elkti
Z		ich ote (b) OUE TO, OR (c) ONS CONTRIBUTING TO DEATH B	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DI fic pneumonit		PARE E (d).		
CERTIFICATION	19a. DATE OF OPERATION		ION FOR WHICH OPERATIO				20 AUTOPSY?
MEDICAL CERT	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE	HOUR A.M. OF DEATH P.M. 21e PLACE C	MONTH DAY YEAR	HOW INJURY OCCURR	RED (ENTER NATURE OF IN		
7	22e I certily that I took ch death resulted from: No ACTUAL SIGNATURE	orge of the remains descriptural couses	Accident , Suicide		Undetermined m	onner [],	TENED 5-15-84
	BURIAL, CREMATION, REMOVA SPECIFY) Burial	5-18-84	23c. NAME OF CEMETER Bethel (er	y OR CREMATORY	23d LOCATION CITY OR TOWN resaper	ake (ity"	Cecil Md.
24 F	UNERAL DIRECTOR	CALL OF	P. Elkton	Nd. 25 DATE	Y 1 8 1984	ar to REGISTRAR'S	S SIGNATURE

181 8 1 M

4		1-	FOR STATE REGISTRAR					NT OF HI	CATE OF	MENTAL HYG	Ö	REG. N		3	5	7	8
. m 4			CEASED NAME OR PRINT)	FIRST		MIDDLE			NST		2a. DATE C		MONTH	DAY		2h HOL	_ D
y pe	1			THOMA:		TANLEY			ALE		M/		11	1984		10	- F- OW
ge 4 mg	A)	3. SEX	MALE		WHITE		3.	DATE O		18 9 7	6. AGE (IN		YRS	MONTHS	DAYS	HOURS	MIN.
deoth. Po	35		RTHPLACE (STATE OR OUNTRY)	FOREIGN Md.	16. CITIZEN OF			MARRIE[MARRIED	9. BALTIM	ORE CITY	<u>OR</u> COUN	TY OF DE	ATH		MD.
the the	(12)	PE	RRY POINT		VA MED	ICAL C	ENTE!	R PE		INT, MD	120 USUAL (TYPE OF WO	RK FOR MOST		LIFE) IND	KIND OF USTRY abor		ESS OR
LAND 212 hin 24 hour ly filled in	(1)	13a. S	AL RESIDENCE (IF NUR TATE Md.	13b. COUN Ceci	ITY	13c. CITY OR Port	E BEFORE ADI	MISSION)	13d. INSIDE (K XON	13e.STREET 51 Ad	ADDRESS lams F	/ ZIP CO	DE 7	190	24	6
E, MARYLAI completely f	11/1/	14. FA	THER'S NAME		MIDDLE	LAS				'S MAIDEN NA	WE	MIDDLE			iale		
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LTIM be	# E		18. CAUSE OF DEATH V	พ.พ.		217 1					e Auaii	15 46	ine as		APPROXIA ETWEEN O		0.0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or attending physician. When this certificate has been signed by the ottending physician and completely filled in by the ottending physician and completely filled in by	iol, cremotion, or removo or other traumatic event, t		gove rise to im couse (a), stati underlying couse	, which mediate and the lost.	(b)_ DUE TO, ((c)_	CA CO	SEQUENCE TO SEQUENCE	erot ce of with	metas								
RDS, 20	to but njury,	NO	PART 2 OTHER SIG	NIFICANT C	CONDITIONS <u>C</u>	ONTRIBUTING	G TO DE	ATH BUT	NOT RELATE	D TO THE TERM	NIN AL DISEA	SE OR CO					
ALRECO	ene prior	CERTIFICATION	190 DATE OF OPERA	TION		DITION FOR W	VHICH OF	PERATIO			200 AUT	NOXX	IN CER	YES, WERE TIFYING (YES []	AUSES		TH?
N OF VIT. SICIAN. 1 ing physic	Mental Hygiene or Item 18 shows	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR A	of injury a.m. month p.m.	H DAY	YEAR		NJURY OCCUR	RED (ENTER	NATURE OF INJ	URY IN ITEM 1	8 PARTIOR	PART 2)		
NVISION VG PHY offer this	olth and Mento	MED	21d INJURY OCCUR WHILE NOT W AT WORK AT W	HILE	(AT HOME, S	OF INJURY TREET, FACTORY, C		A, EFC)	211_LOCAT	T .		CITY OR T			UNTY		STATE
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the hor AL DIREG	teroche ote Dep T. If the		226 SIGNATURE Dr.	BALAN	I, M.D.	•			DEGREE	ATTENDING PHYSICIAN [MEDICA DIRECTO	L ST. R PHYS	AFF ICIAN XX			2-84	
O HOSPITA Stoined by	should be defocated to with the Stote Dept o		22d. PHYSICIAN AN	ent	au	w n	M).		22e ADDRE	ss IC, Perr	y Poi	nt, M					
	s > <u>S</u>		SURIAL, CREMATION		73b. DATE					CREMATORY	CI	CATION TY OR TOWN		COUN	TY		STATE
BP		24 6	SPECIFY Burial		5-15-	-1984	oro	UKV1	ew Cen		Ris TE REC'D. BY	registra		Cec ISTRAR'S		JRE	Md.

DHMH - 16 50M 4/83 (VRA 15, 4) McMulien Funera Home, Rising Sun, Md.

MAY 1 6 1984 Julia Davidon Rondall

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in by the funeral drive should be detached for use as the burial result. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Meath and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

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ACE (STATE OR FOREIGN Inia STOWN OF DEATH Y Point SIDENCE (IF NURSING HOMI 13b CC C S NAME FIRST JOSE ph ECEASED EVER IN U.S. OR UNKNOWN) (IF YES S WW AUSE OF DEATH (Enter ART I. DEATH WAS CAU IMMED HOTO ditions, if ony, which re rise to immediate se (o), storting the erlying couse lost.	ARACE J. CITIZEN OF USA 11. NAME OF (IF NOT IN SUIT CONTRACT MIDDLE C. ARMED FORCES? GIVE WAR OR DATES) 2 T ONly One COUSE PET USED BY: DIATE CAUSE (0) DUE TO, O DUE TO, O	WHAT COUNTRY? HOSPITAL, NURSIN CH FACILITY, GIVE STREET POINT V. A GIVE RESIDENCE BEFORE 113c. CITY OR TOW Elkton Robins 116b. SOCIAL SECU 224 26 8	S. DATE O MONTH May 8. MARRIEL WIDOWEI IG HOME O ADDRESS) A. Med ADMISSION) (N On DIRITY NO. 3282	8, 1922	9 BALTIMO CO 120 USUAL (TYPE OF WOR Trac) 13e STREET 241 I	MAY VEARS LAST BIRTHDAY) PRE CITY OR COU PC 11 COU OCCUPATION K FOR MOST OF WORKI KMAN ADDRESS / ZIP C East High MIDDLE ADDRESS	26, 1984 IF UNDER 1YE WE NOTE: DA JUNTY OF DEATH INCLIFE: INDUST Amt CODE H Street Howal	D OF BUSINES:
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DHMH - 16 50M 1/81 (VRA 15, 4)

ELKTON

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Plages I and 2 the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or semanal.

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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AL CER	210 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA		M. MONTH DA	Y YEAR	21c HOV	V INJURY OCCUI	JRRED	(ENTER NATURE OF	INJURY IN ITEM	18 PART I OR	PART 2)		
MEDIC	21d INJURY OCCUR	RED	21e PLACE		ARM, ETC)	21f LOC	ATION TREET		CITYO	OR TOWN	co	UNIY	5	STATE
WHITE NOT WHITE AT WORK 220 I certify that (Mythis haspital) attended the deceased from April 23 , 19 84 , to May 24 , 15 saw the deceased alives May 24 19 84 , and that in (m) (aur) apinion death occurred an the date and hour cobave, (Mixwe) (did) (aux hat) view the body after death.													causes st	
	William	. a.	Remi	è		MD		X M	NEDICAL SIRECTOR PHY	STAFF YSICIAN [SIGNED 24-84	
	22d. PHYSICIAN'S N.		A. RENI	E, M.D.		22e ADD	VA Medic	ca l	Center,	Perr	y Poi	nt,	MD	
	BURIAL, CREMATION,	REMOVAL	236 DATE	23c N	NAME OF C	EMETERY	OR CREMATORY	/ 2	23d. LOCATION					7.475
	SPECIFY)		May 26	1984 191	Air M	emori	al Carde	and	Bel Ai		arfor		Md	STATE

DHMH - 16 50M 4/B3

(VRA 15, 4)

etained by the haspital or

BP.

24 FUNERAL DIRECTOR Howard McComas III Funeral Home, Abingdon, Md.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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E .	21a. ACCIDENT WAS U	NDERLYING	21b. TIME O			21c HOW II	JURY OCCURR	ED (ENTER	NATURE OF INJURY	r IN ITEM 18	8 PART I OR	PART 2)		
	OR CONTRIBUTING	,	(191		DAY YEAR	1								
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\(\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		WHILE			FFICE, FARM ETC)	STREE			CITY OR TOW	/N	CO	VINIV		STATE
	AT WORK AT W	ORK				177.6	93		May 18	-		34		
1	220.1 certify that	(this hospi	tol) attended th	e deceased f	2/1	uly o		, to			. 19		that (1)	(we) last
	sow the decea	sed plive on	t) view the body	rafter death.	19	nd that in (m)) (our) opinion d	death accur	red on the do	te and ha	our and f	rom the	couses s	tated
	226 SIGNATURE		15/1		n.	DEPREE					27		SIGNED	
	Tuge:	ue l	1. Or	7/67	/hi,	\mathcal{O}_{\cdot}	ATTENDING PHYSICIAN	MEDICA	L STAF		- 1	5	-18-	-84
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	BURIAL, CREMATION	N, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR	CREMATORY		CATION ITY OR TOWN		COUN	ITΥ		STATE

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene pria

IMPORTANT: If them 21 is marked ar them

DHMH - 16 50M 4/B3 (VRA 15, 4)

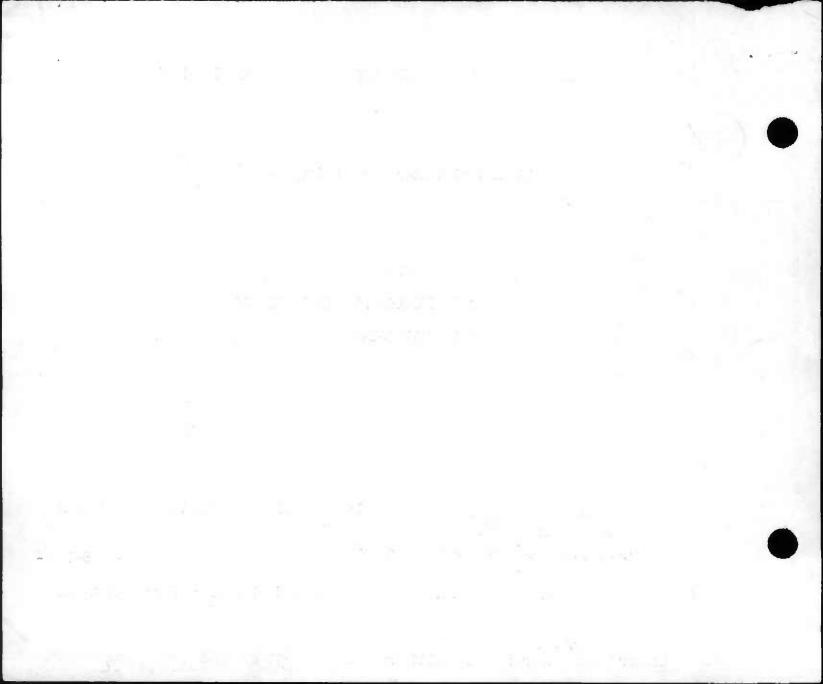
Burial

May 22,1984 Lake View

Randallstown

Balto.

Leonard Ruck Funeral Home, Baltimore, MD



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STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	0 4	1 3	683
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0.0	1.5E)		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER	
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事事した	_	RTHPLACE (STATE OR FOREIGN		HAT COUNTRY?			9. BALTIMORE CITY OF		ATH
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		klahoma TY OR TOWN OF DEATH	U.S.A		WIDOWE	D DIVORCED DIVORCED	12a USUAL OCCUPATIO	N 126	MD.
d & d &		-	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF		STRY
عَ اللهِ عَلَى		erry Point, Md.		ical Cen			Car Salesman	i Ewi	ng Volkswag
Pap C		AL RESIDENCE (IF NURSING HOME OF TATE		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	agga
# to 0.5	Vi	rginia	į.	Alexandr	ia	YES 🌠 NO 🗌	2500 N. Van	Dorn St.	22302
2 stely	14. FA	THER'S NAME	WIDDLE	1241		15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		1451
Jon of the state o	C	harles		Strosnid	ler	Viola	Model	G	ordon
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Pogo		Yes (1F Yes, GI 42-4	IVE WAR OR DATES)	567 34	5208	VAMC, Perry	Point, Mar		
paper paper paper paper pert, th		18 CAUSE OF DEATH (Enter a PART 1. DEATH WAS CAUS	ED BY:			atory arrest		. 86	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ng h ban r ren		4850 MMEDIA				acory arrest			
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y inj	CERTIFICATION							Total Is used three	50100100
s bring s	₫	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	AUSES OF DEATH?
t po	Ē						YESXX NO	YES 🗌	NO 🗌
Tons Thys	U	210. ACCIDENT WAS UNDERLYING	2 Ib. TIME OF		AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	INTEM 18 PART 1 OR F	PART 2)
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D Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE O			211 LOCATION	CITY OR TOW	n cou	INTY STATE
fter that as the than a than a na	₹	AT WORK AT WORK	(AT HOME STREE	ET, FACTORY, OFFICE	FARM, ETC.)		CITTOR TO		
R: A		22a L certify that (X (this hosp				9-12- 19-83		-6- , 19 -8 /	
2 4 5		saw the deceased alive or abave, (I) (we) (did) (5=6	tter death.	84 , ar	nd that in 🏋 (aur) apinion d	eath accurred an the da	e and haur and fr	om the causes stated
DIRECTOR sched for u Dept of H f Item 21 is		226 SIGNATURE		11		DEGREE		220	DATE SIGNED
		Kon /1/	Ches	ent/		71) ATTENDING PHYSICIAN &	MEDICAL STAFF	AN X	5-7-84
III O W	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	11.		Me. ADDRESS		A	0 7 01
should by with the		ROY W. CHESNI	UT, M.D.			VA Medical	Center, Pe	rry Poin	t, Md.
- S 3 <									
20		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 5-9-84			emetery or crematory oln Cemetery	23d LOCATION CITY OF TOWN Washingt		

DHMH - 16 50M 4/83 (VRA 15, 4)

Everly-Wheatley Funeral Home, Alexandria, VA.

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requires that the death certificate be executed within 24 haurs ofter death. Page

ed within 72 hours aft filled in by the funeral director

and 2 should be

TO FUNERAL DIRECTOR. After the certificate has been signed by the attending physician and completely should be detached for use at the businitianist permit. Then please remove corbanopoers. Pages 1 and 2 fit with the State Dept. at Health and Montal Hygers print to busin!, cremation, ar removal.

mjury, or other traumatic event. The

MPORTANT: If Hem 21 is marked or 1em 18 short cony

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	DECISTRAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG.	NO.						
76	DEATH	MUNITH	DAY	Y E	A D	21	HOLLD	

1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	00	0	23
		CEASED NAME OR PRINT)	ULIUS	N	NIDDLE	SYME	NSKE	May 28, 1	984	Y YEAR	12:4	7a
	3. SEX	Male RTHPLACE (STATE OR:		Whi	te what country?	5 DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR 93 9 BALTIMORE CITY O	YRS.	UNDER 1 YEAR	IF UNDER 2-	4 HRS MIN.
1		roro, Pola	. /	U.S.A		MARRIE	NEVER MARRIED DIVORCED	CECIT		ytung		MD.
	1	TY OR TOWN OF DE	/ V	A Medic	OSPITAL, NURSIN FACILITY GIVE STREET Cente	r Per	ry Point, MD	120 USUAL OCCUPATI ITYPE OF WORK FOR MOST O Retired Fa	F WORKING LIFE!	12b. KND OI INDUSTRY Farmi		S OR
5	13a S M	aryland	13b, COUNT	ſΥ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Federal:	N	13d. INSIDE CITY LIMITS? YES NO 🖫		ZIP CODE	21	63	2
	1		nenske	NDDLE	LAST		Josephine	Kowalska		LAST		
		VAS DECEASED EVER VES. NO OR UNKNOWN) YOS		MED FORCES?	218-58		Stella Symen	ADDRE		derals	<u> </u>	532
7	CATION	Conditions, if any gave rise to imm cause (a), statist underlying cause	mediate ng the lost NIFICANT CO	DUE TO, OR (c) DIVIDITIONS CO JLAR ACC	AS A CONSEQUE	NCE OF	ART FAILURE	IN AL DISEASE OR CON	20b. IF YES,	WERE FINDIN	IGS USED	
1	MEDICAL CERTIFICATION	210, ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	P. <i>h</i>	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	YES NO NED (ENTER NATURE OF INJU	YES		NO [
	MED	21d INJURY OCCUR WHILE AT WORK NOT WI AT WO 220. I certify that was sow the decease above where (we) ((this hospite	ol) attended the	eceased from	May	211. LOCATION STREET 25 , 19 84 and that in (ms) (our) aprilian (ms)		8 15		that (we	e) lost
		22d PHYSICIAN'S N	Indi AME (TYPE OR	on R	alge		22e ADDRESS	X MEDICAL STA M DIRECTOR □ PHYSIC al Center,			28-84	
	(:	URIAL, CREMATION, SPECIFY) Bur UNERAL DIRECTOR Hawkins F	REMOVAL ial	23b. DATE May 30),1984 Sy	mensk	EMETERY OR CREMATORY E Family Ceme 250. DAT	23d. LOCATION	1 shurt	Caro	STA	Md.

DHMH - 16 50M 4/83

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(VRA 15, 4)

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STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3	REG. NO.	1	3	ó	8	

1.	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENT.		ENE 8 4 REG. NO	0.	3 6	8 5	
	CEASED NAME E OR PRINT)	arga!	ret	Elizabet		ome		20. DATE OF DEATH	MONTH D	G+84	26. HOUR 6.25	AM
3. SE	Female	. 0	Cauca Cauca	sian	5. DATE C	DAY YE	AR 4	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HOURS A	MIN.
2	RTHPLACE (STATE OR F	7.50	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	DEVER MARRIE	ED 🗀 📗	9. BALTIMORĚ CITY O Cecil	R COUNTY	OF DEATH		MD.
1	El Kton		Union	HOSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)	Cecil Cour	. 1	120 USUAL OCCUPATION OF OF WORK FOR MOST OF HOUSE WIFE		E) INDUSTRY	OF BUSINESS	OR
13a. 5	Md.	13b COUN	TY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN ELKton		13d. INSIDE CITY LIA YESXXX NO [13. STREET ADDRESS 116 Brown	St.	219	721	/
74. 51	Abram	,	WIDDLE	Johnson		Jenny	NAN NA	WIDDLE		RXX ^{LAS}	Raine	
	WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	161-07-1		17 INFORMANT Elizabeth	n Bla	ADDRE Ansfield	1718	Godwin	n Dr. 1. 197	702
NO	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nedipte g the lost	DUE TO, OF (c)	R AS A CONSEQUE	NCE OF	not related to the		NAL DISEASE OR CON	DITION GIVI	EN IN PART 110	0	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTIFY	, WERE FINDIN YING CAUSES S 🛣		?
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING COT (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR AT WOR	AUSE OF DEA	P.J.	M. MONTH DA	19	216 HOW INJURY (OCCURRE	ED (ENTER NATURE OF INJUI		ART I OR PART 2)	SIAT	TE
100/	270.1 certify that (I) sow the decease above, (I) (we) (c 27b. SIGNATURE	d olive on, ljd) (did not	view the body	19	/	DEGREE ATTENE PHYSK 22e ADDRESS	opinion d	eath occurred on the do	ote and hour	22c. DATE		ed
	Juan C BURIAL, CREMATION,		231.CZ-1			EMETERY OR CREMA	TORY	23d LOCATION CITY OF TOWN	n, m	COUNTY COUNTY	121	TE.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL

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should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR.

IMPORTANT, If Nem 21 is

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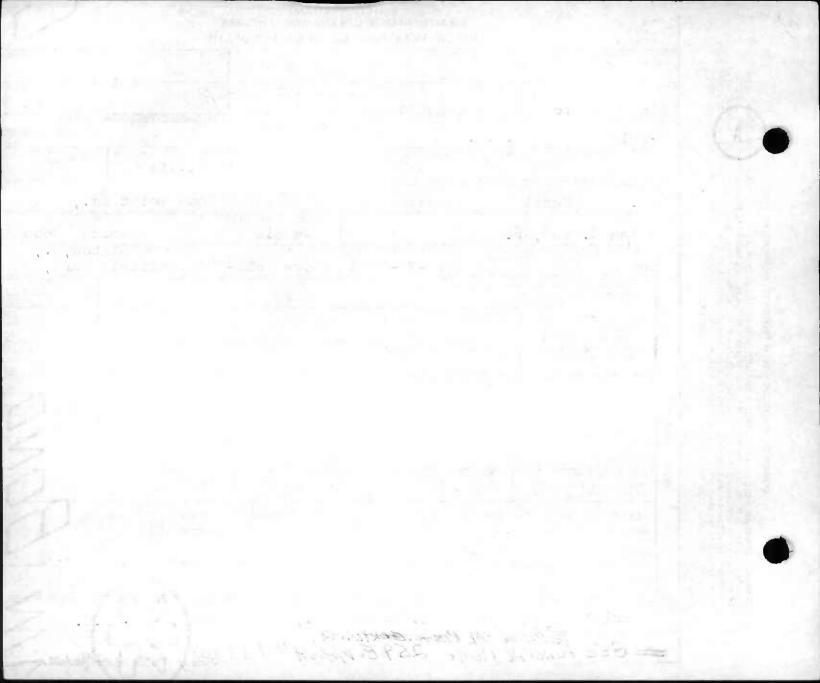
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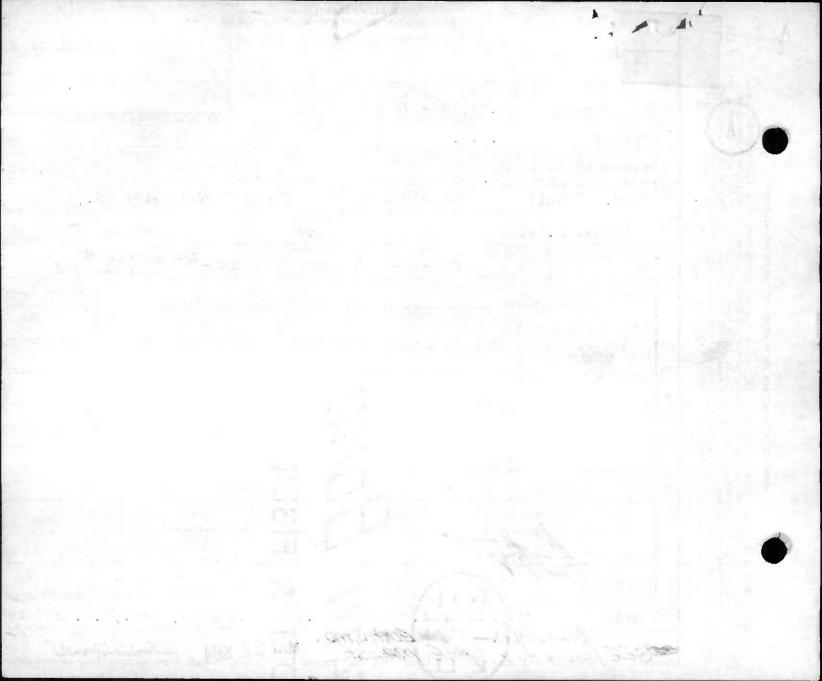
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And the state of t		1. YAN	end yer.		1 6

TO MEDICAL EXAMINER: THIS CRITIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAIN FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PRAMIT PAGES I PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PRAMIT PAGES I PAND 2 SHOULD BE IN WITH THE STATE EXPANDED OF HEALTH AND MENTAL HYGIENE. DIVISION OF WALL RECORDING BE IN ANTIMADE. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

SEX SEX A BIR FORE M & BUR FORE M & SUAL 4. FAT	RTHPLACE ISTATE OR REGIN COUNTRY) ATYLAND YOR TOWN OF DEATH Elkton RESIDENCE (15 IN NURSING HOME C	S. DATE OF BIRTH	MIDDLE EMOTY YEAR 1960	6. AGE (IN YEA LAST BIRTHDA 24 YR	WER'S C	ebb, o	Jr.	F DEA	TH OF DEATH	KNOWN ESTI- MATED	5	SAIн 1 /13/	
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SUAL 30. STA	Elkton L RESIDENCE (IF IN MURSING HOME O	11. NAME OF HOS			WIDOWI	-	DIVORC	ED 🗆		cil			
SUAL 3a. STA	L RESIDENCE (IF IN NURSING HOME C	(IF NOT IN SUCH FA			, OR OTHE	RINSTITU	TION			PATION		VORK 12b	OR INDUS
3a. ST/		Union	Hospi	tal				D1	sabi	rkTite	У		
4. FAT	ATE 13b. COUN		13c. CITY	OR TOWN		13d. INSIDE C	CITY LIMITS?	13e. STRE	ET ADDR	ESS		41	9/-
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Th.	THER'S NAME FIRST	MIDDLE	1	AST		15. MOTH	ER'S MAIDE	N NAME		MIDDLE			LAST
	Nolan E.Webb						enni	е				Smit	
(YES	AS DECEASED EVER IN U.S. AR			IAL SECURITY		17. INFOR/			00.	ADDR			ton, M
	10			-76-0	083	Joh	ce We	-dds	204	She	TILE	sTq	Park
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one cause per line	for (a), (b),	and (c).)			13.5						APPROXIMA BETWEEN ONS
	couse (o) stating the <u>under-</u> <u>lying cause lost.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(c)		SEQUENCE C		OR CONDITIO	IN GIVEN IN PA	RT Tal.					
CERTIFICATION	19a DATE OF OPERATION	In compr	10011401	WHICH OPER	ATION 1	C DEDECO	V4.500						
PICA	176 DATE OF OPERATION	198 CONDI	TION FOR V	WHICH OPER	ATION WA	45 PERFOR	MED?						20 AUTOPS
Ē	21a EXTERNAL CAUSE WAS	21b. TIME OI	FINIURY		21c HO	WINIIP	OCCURRE	D JENTER N	ATURE OF IN	BIDY IN ITE	M 18 PART T	OR PART 2	YES X
	UNDERLYING OR CONTRIBUTING CAUSE OF I	HOUR A.M	. MONTH	3/84			shot				I WI MAI I	Jul Ant 2	,
	21d. INJURY OCCURRED	21e PLACE	OF INJURY	(AT HOME,	21f. LOC	ATION		1 6					
¥	WHILE AT WORK AT WORK	STREET, FAC	TORY, FARM, ET	C.)	600°	Town	Poin	t Rd.	City of Jo	esap	eke (City	, Md.
ı	22a. I certify that I took charg	e of the semains do:	ceibad at a	un hold or	Autops	[-3	Inspection		Inquiry			ту аріпн	
	,	ral causes	Accident		icide .	, market	cide X		inquiry rmined m		J.	шу артпн	OII
Ì	11010	116	1		,		SPECIFY)	Ondere	meg III	- Lines			
	ACTUAL SIGNATURE	11/4			M.	(.	istan	t MEDI	CALEXA	MINER	0	DATE	5/13/
	EVANABLEDIC MAARE	0											
	EXAMINER'S NAME (TYPE OR PRINT) Gre	egory R.	auffr	an, M.	D	DDRESS_	111	Penn	St.,	Bal	to.,	Md.	2120
	RIAL, CREMATION, REMOVAL 2		23c. N	IAME OF CEM	AETERY OR	CREMATO	ORY	23d. LO	CATION			COUNTY	
3a.BU (SPI	Burial	5/19/85	1 51	TOOL	7 7 6 6	OW							
(SP(USB ALL DIRECTOR	1 100	1	.Thor				91	asgo	w,	neT.	· N.	
(SP(NERAL DIRECTOR	weel M	1	200			250. DATE	REC'D. BY	REGISTR.	AR 25b. R	EGISTRA	· N ·	NATURE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	3	5	8	8
FDEATH MONTH	DAY	YEAR	2b. HO	UR.

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 0 0
DECEASED NAME FIRST	MIDDLF	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
HARRY	R.	WENGERT	MAY 14, 1984	10:30PA
SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR "IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
/ Male	White	May 5, 1941	43 _{YRS}	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OF FORE GN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Pennsylvania	USA	WIDOWED DIVORCED	Cecil	N
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS O
Perry Point	VA MEDICAL CE	NTER PERRY POINT, MI		E) INDOSTRI
	OUNTY 13c, CITY OR		13e.STREET ADDRESS / ZIP CODE	alphyloly
ennsylvania De		YES X NO	P.O. Box 2037	19014
FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN I	NAME	LAST
Richard	W. Weng			Treival
(YES, NO OR UNKNOWN) (IF YE	E CIVE WAR OR DATES	SECURITY NO. 17 INFORMANT	ADDRESS	
	0 yrs. 179 3	2 9257 Mrs. Janet	Wengert, Aston,	
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause per line for (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DIATE CAUSE (a) CARD	IO RESPIRATORY ARR	EST	
3334	DUE TO, OR AS A CONS	EQUENCE OF	5.75	
Canditians, if any, which		PROFOUND AN	EMIA	
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS			
underlying cause last	(c)	HUNTINGSTONS	CHOREA	
	NT CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition giv	EN IN PART 110
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				
19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
	- 57			s NO
OR COLUMNIA IN IC LIVE O			JRRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXA	MINER) P.M.	19		
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	PRICE, FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NOT WHILE T		1111 V 22 02	WAY TA	11/4
22a 1 certify that (this has a saw the deceased aliv	nospital) attended the deceased fr		on death accurred on the date and hav	19_ 84 , tha XX (we) lo
abave, (1) (we) (did) (di	d not) view the body after death.	· A	an death accurred on the date and hav	
22E SIGHATURE	120	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
and Dulyciclable blade.	the	PHYSICIAN	DIRECTOR PHYSICIAN	5-14-84
226. PHYSICIAN'S NAME (1		22e ADDRESS	4 BOTHT 245	
ALEXIS			POINT, MD	
BURIAL, CREMATION, REMO	1000 TOOLS 1000	23c NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY STATE
Burial	5-17-84	Philadelphia Memori	al Park, Fraze	
FUNE MALORECTOR	E. Olicks ADDR	RESS	ATE REC'D. BY REGISTRAR 25 REGIST	BAR'S SIGNATURE
ICKS HOME for	FUNERALS, ELKTO	ON. MD. 21921	1AY 1 8 1984 Julia D	minosa-Nashang

DHMH - 16 50M 4/83 (VRA 15, 4)

inal-transit permit. Then please ental Hygiene prior to buriof.

orked or hem 18 shows ony

PORTANT If them 21 is my

FOR FUNERALS,

ELKTON, MD. 21921

The state of the s

10	operate Mark

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

INE .				
B REG. NO.	3	Ö	.8	9
28. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR .
May 9, 1984			11:	15 MA
AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	
7.3 YRS.	MONTHS	OAYS	HOURS	MIN,
BALTIMORE CITY OR COUNT	Y OF DE	ATH		

I. DECEASED NAME FIRST MIDDLE TYPE OR PRINTS Walter Griffith Wilson 3. SEX Male

5. DATE OF BIRTH White

HINOM May 19 1910 Th CITIZEN OF WHAT COUNTRY?

LAST

MARRIED NEVER MARRIED

DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Cecil 12s USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFET

MIDDLE

12h KIND OF BUSINESS OR INDUSTRY Insurance

Elkton

To. BIRTHPLACE (STATE OR FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

Union Hospital USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 CITY OR TOWN orth East

LAST

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? YES T

Mechanics NO X 15 MOTHER'S MAIDEN NAME

Katherine

Agent

13e STREET ADDRESS

Holt

LAST

Valley

4. FATHER'S NAME

No

(YES, NO OR UNKNOWN)

FOR

REGISTRAR

- STATE

COUNTRY

13e. STATE

PIP

Md.

Harry L. Wilson 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

I (IF YES, GIVE WAR OR DATES)

I CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

136 COUNTY

Cecil

166 SOCIAL SECURITY NO. 17 INFORMANT 217-16-149

Hallie

ADDRESS Wilson

Mechanics Valley APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditians, if any, which gave rise to immediate couse (o), stating

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0

CERTIFICATION

19a DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

HOUR A.M. MONTH DAY YEAR

21b. TIME OF INJURY

P.M.

21e PLACE OF INJURY

1% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO

CITY OR TOWN

may

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

YES I NO [

211 LOCATION

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

saw the deceased alive on MAY above, (I) (we) (did) (did not) view the bady after death 226 SIGNATURE

214 INJURY OCCURRED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN [DIRECTOR PHYSICIAN 22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

MEDICAL

5

230. BURIAL CREMATION REMOVAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Harts Cemetery

23d LOCATION

NORTH

East Cecil BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79

should be detach

0

ORTANT;

24 FUNERAL DIRECTOR NAME (204

Burial

22s.1 certify that (1) (this hospital) attended the deceased from

HomesNorth East,

Strange March MAY 3. THE SURE STORES TO LOW

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours all with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the

	STATE O
FOR	DEPARTMENT OF HEA
STATE PEGISTRAR	CERTIFIC

STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR		CERTIFI	CATE OF DEATH	8 REG. N	0. 1 3	0	90
DECEASED NAME FIRST (TYPE OR PRINT) AIM	MIDDLE	11/10	E MIN	20. DATE OF DEATH	MONTH DAY	84 2	b. HOUR
SEX Female	4. RACE White	S. DATE OF		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY C	County OF D	EATH	MD.
Elkton		street ADDRESS)	OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		b. KIND OF I	BUSINESS OR
SUAL RESIDENCE (IF NURSING HOME CO. STATE 136, COU	INTY 13C CITY OR	TOWN	13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS	elivery	216	32
FATHER'S NAME William	Jasper LAS	Robinson	15. MOTHER'S MAIDEN NA	MIDDLE		ley	
		Known	Mrs. Alice W.	ireman Gene		very (Golts M
PARTI. DEATH WAS CAUS WMMEDI Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONS OUE TO, OR AS A CONS OUE TO, OR AS A CONS	SEQUENCE OF	Infarctio	n			
	CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN IN	PART 110	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	CAUSES O	SS USED OF DEATH?
71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED		DAY YEAR	21c HOW INJURY OCCUR				
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC)	STREET	CITY OR TO	OWN C	OUNTY	STATE
sow the deceased alive a above, (1) (we) (did) (did n	pital) attended the deceased from 5-12 not) view the body after death.	CAA	that in (my) (our) opinion	death occurred on the d		from the co	
226. SIGNATURE DO Q	un Rosen	leldi	ATTENDING PHYSICIAN	MEDICAL STA	AFF _	5/16	2/84
22d. PHYSICIAN & NAME (TYPE	Ann Rosenfield		220 ADDRESS Cecilton	Maryla	nd		
BURIAL, CREMATION, REMOVA	23b. DATE May 16, 19	236 NAME OF CE	METERY OR CREMATORY	23d LOCATION Green	Up Green	"Up h	Kentuck
FUNERAL DIRECTOR	me 259 East M	ain St.	Ikton MAY 1	6 994 July	25) REGISTRAR	REPORT OF THE PARTY OF THE PART	No.

DHMH - 16 50M 4/82 (VRA 15, 4)

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the store against a transconditional resources when you 15/01/5 Self of the self of ma 10, 140th total SEALARN DE SEEM OF REEL The mark of the transmission of the boundary

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	1	STATE REGISTRAR EASED NAME FIRST	MIDDLE	CERTIF	ICATE OF DEATH	REG. NO	AONTH DAY YEA	6 9
N.		DR PRINT) BABY	Girl	Black	eton Wusst	IL DATE OF DEATH	5-11-8	1.5
	3. SEX	Female	4.RACE Caucasian	5. DATE C		6. AGE (IN YEARS LAST BIRTH		AYS HOURS
35	Te. BII	THPLACE ISTATE OR FOREIGN UNTRY Maryland	76. CITIZEN OF WHAT CO	LINTRY? 8	D NEVER MARRIED X	9 BALTIMORE CITY OF Cecil	COUNTY OF DEATI	
by the filled	10 CI	YORTOWN OF DEATH Elkton	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G UNION HO		Cecil County	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) 12b. KIN WORKING LIFE)	ID OF BUSINE
filled in sould be	13a. S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDE 17Y 13c. C.T.Y.	NCE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS.	n Street	219
ond 2 st	14 FA	THER'S NAME FIRST UNK.	MIDOLE	LAST	is. mother's maiden nam Kristin	e Mart		Würst
S. Poges }	16a W	AS DECEASED EVER IN U.S. AR ES. NO ORUNKNOWN) (IF YES, GIVI	MED FORCES? 16b SOCI	N/A	WALTER WU	15 104 C	hurch St	ELK46
signed by the attending nen please remave carb o burial, cremation, ar i jury, ar other traumatic	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT	INSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN IN PAR	T 1(a)
mit. Then prior to buy only injury,	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIT IN CERTIFYING CAU YES	
	E	147						
		21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	110110 4 44 4404	NTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 3 OR PART	2)
his certificate has burial-transit per 1 Mental Hygiene or Item 18 shows	MEDICAL CERTI	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	19 Y	211. LOCATION STREET	ED (ENTER NATURE OF INJUR	N COUNTY	ST
DIRECTOR: After this certificate has obtained for use as the burial-transit per Dept. of Health and Mental Hygiene If them 21 is marked or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MON P.M. 21e. PLACE OF INJUR: (AT HOME, STREET, FACTOR tal) attended the decease	YY, OFFICE, FARM, ETC.) d from 5/1 19 8 , oi	211. LOCATION STREET , 19 5-4 and that in (my) (our) apinion of DEGREE	city or tow , to, to death accurred on the do	N COUNTY 19 8 9 1e and hour and from	, that (I) (v
IRECTOR: After this certificate has the found from the burial-transit per lept, of Health and Mental Hygiene Item 21 is marked or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hospi saw the deceased alive on above, (I) (we) Idid) (did no	HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR tal) attended the decease t) view the body after deat WALLER R PRINT)	YY, OFFICE, FARM, ETC.) d from 5/1 19 8 , oi	211. LOCATION STREET 19 5-4 nd that in (my) (our) apinion of the control of the	city or tow	N COUNTY 19.89 te and haur and from 220. D	, that (I) (v

AND ARTHUR THE BUT BUT AND THE WAST Towards amount with THE ELECTION ST. 184 CHARLEST ELECTIONS IN